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*1978*



**COMPILATION**

**OF**

**GUIDELINES AND INSTRUCTIONS**

**ISSUED UPTO JUNE, 1976**

**REGARDING THE SCHEMES**

**OF**

**INTEGRATED CHILD DEVELOPMENT SERVICES**

**AND**

**FUNCTIONAL LITERACY FOR ADULT WOMEN**

**DEPARTMENT OF SOCIAL WELFARE**  
**MINISTRY OF EDUCATION AND SOCIAL WELFARE**  
**GOVERNMENT OF INDIA**  
**SHASTRI BHAVAN, NEW DELHI-110001**

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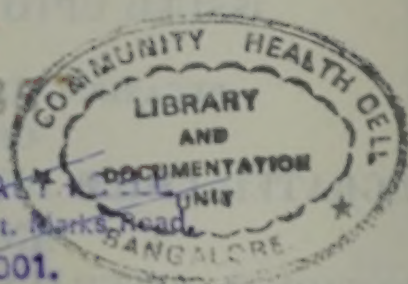
DEPARTMENT OF SOCIAL WELFARE  
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## P R E F A C E

The present compilation fulfils a long-felt need of the officials concerned with the implementation of the Schemes of Integrated Child Development Services and Functional Literacy for Adult Women, at various levels. The material has been arranged in chronological order and a subjectwise index is also added for quick retrieval of references. Most of the appendices were sent to the addressees alongwith the original letters as enclosures. In the present compilation these are deleted from the letters and grouped at the end under "APPENDICES".



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Copy of letter No. 6-11/75-CD dated 1 August 1975 from the Department of Social Welfare, Government of India, to the State Governments and the Union Territory of Delhi.

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**Subject : Integrated Child Development Services scheme.**

As already intimated to you under this Department's letter No. 4-6/74-NCD dated 10 July 1975\*<sup>1</sup>, the Government of India have decided to introduce the Scheme of Integrated Child Development Services on an experimental basis. Thirty experimental projects are to be started in different parts of the country. These will include 4 urban projects, 10 tribal projects and 16 rural projects. The distribution of the projects amongst the 22 States and Delhi Administration is shown in Statement-1 (enclosed).<sup>\*2</sup> The project area will be a community development block for a rural project, the tribal development block for a tribal project and a ward or slum or group of slums (having a slum population of about 1 lakh) for an urban project. The State Governments and the Delhi Admn. were requested to indicate three alternative project areas for each experimental project (vide this Department's letter No. 4-6/74-NCD dated 10 July 1975 addressed to the Chief Secretaries).

2. A copy of the scheme is enclosed.<sup>\*3</sup> All the details of the scheme, excluding the details of the training programmes and the forms and registers to be maintained at various levels, are shown therein. A separate communication will follow shortly in respect of the syllabi for the training of functionaries at various levels as well as specimen forms and registers to be maintained at various levels.

3. A perusal of the scheme will show that a general model has been worked out for the experimental projects. The general model should be treated as a set of guidelines. The demographic features of each project and the organisational details in different States are likely to vary on account of the actual features of the selected project areas as well as the difference in the administrative set-ups in different States. The State Governments should not, therefore, hesitate in adopting the general model to the local circumstances. If, in any particular project, the State Government wants any major deviation from the general model, appropriate proposals with reasons may be sent to this Department for consideration.

4. The bench mark surveys in the experimental project areas as well as evaluation studies of the projects will be carried out by the Programme Evaluation Organisation of the Planning Commission. The intention is that if the experimental projects are found successful, the Government of India will consider extending the scheme to all parts of

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\*<sup>1</sup> Not included in this compilation.

\*<sup>2</sup> Deleted. See appendices.

\*<sup>3</sup> Deleted as the booklet has already been supplied to all concerned.

the country in a phased manner. It is, therefore, necessary to make systematic efforts to carry out these experimental projects with effectiveness and efficiency.

5. The State Governments are requested to take urgent action on on the following points :

a) **Selection of project areas** : As requested in this Department's letter No. 4-6/74-NCD dated 10 July 1975 and the d.o. letter No. 6-11/75-NCD dated 21 July 1975\* from the Union Minister of Education and Social Welfare to the concerned State Ministers, suggestions for three alternate project areas may be sent to this Department with a view to facilitate selection of one of them for each experimental project.

b) **Selection of functionaries** :

- i) As requested in this Department's letter No. 4-6/74-NCD dated 10 July 1975, the names, designations and telephone numbers of the officers in charge of the ICDS scheme at the State Secretariat level and the departmental level may be communicated to this Department if not already communicated.
- ii) One Child Development Project Officer should be selected for each project. The number of Child Development Project Officers required in each State will be the same as the number of experimental projects (statement-1 enclosed). The CDPO should preferably be a graduate in child development or social work or home science or nutrition or an allied field. It is suggested that a good officer, having the indicated qualifications, may be selected from any one of the existing State cadres. The name and designation of the officer selected for each project may be communicated to this Department so that we can issue instructions regarding commencement of training for CDPOs. If no suitable officer is available from any existing cadre of the State Government, urgent steps should be taken to select an officer with the abovementioned qualification. The officer will have to be borne on some appropriate State cadre. His pay scale shall be the same as that of the Block Development officer in the State.
- iii) 3 to 5 Supervisors of the rank of Mukhyasevikas will be required in each experimental project in order to supervise and guide the work at the village level. The Supervisor will be in the same pay scale as that of the Mukhyasevika in the State. If staff of the FCW project or any other project is available in the selected block, services of such staff should be utilised in the ICDS project. Existing Mukhyasevikas and senior Gramsevikas or other similar

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\* Not included in this compilation.



functionaries may be considered for appointment as Supervisors. As soon as the State has finalised the selection of Supervisors, an intimation may be sent to this Department so that instructions can be issued regarding the training course for the Supervisors.

- iv) The focal point for the delivery of services under the scheme is the anganwadi. One anganwadi worker will be in charge of the anganwadi. If any balwadis or anganwadis or other pre-school institutions exist in the experimental project area, these should be utilised for the delivery of services to pre-school children and pregnant and nursing women under the ICDS scheme. Wherever such institutions don't exist, new anganwadis will have to be organised. Efforts should be made to organise anganwadis through Mahila-Mandals, other voluntary organisations, local bodies, panchayats etc. The Government will have to run the anganwadis directly in those places where no such institution is available or can be entrusted with the running of an anganwadi. (In any case, the anganwadi worker will be honorary worker. She will receive an honorarium of Rs. 150/- per month if she is matriculate and Rs. 100/- per month if she is a non-matriculate. She will be given three months training, which will be organised by this Department. The anganwadi worker should be a lady (14-44 years) from the local village.) She should be a person acceptable in the local community. Special care should be taken in her selection so that the children of Scheduled Castes and Scheduled Tribes and other weaker sections of the society are ensured free access to anganwadi. It is suggested that the anganwadi workers in the selected project areas may be selected by a committee consisting of the District Social Welfare Officer, the BDO, the CDPO (if he is in position at the time of selection), the President of the Taluka Panchayat/Block Advisory Committee, the district representative of the State Social Welfare Board and any other non-officials which the State Government may consider appropriate. Selection of anganwadi workers in the project areas will have to be finalised by 20 August 1975 because the first training course for anganwadi workers is to be started from 2 October 1975 as indicated in this Department's letter No. 6-11/75-NCD dated 21 July 1975 to the State Governments.
- v) Each village will have a helper to assist the anganwadi worker in the cooking of food, cleaning etc. He/she will receive payment at Rs. 35/- per month. He/she can be appointed locally.

*Training* : Detailed guidelines regarding training of certain

ICDS functionaries have been issued under this Department's letter No. 6-11/75-NCD dated 21 July 1975. The syllabi for the training courses for various functionaries are being sent to the States and others concerned separately. Following action may please be taken :

- i) The State level officers (of the rank of Assistant/Deputy Development Commissioners/Deputy Secretaries to the State Government in charge of the Gramsevika training programme in those States where Gramsevika training centres have been selected for the training of anganwadi workers (please see statement-2 enclosed) may be deputed to the 3-day workshop from August 6 to August 8, 1975, being organised in Delhi by the National Institute of Public Cooperation and Child Development, C-1/4, Safdarjang Development Area, Hauz Khas, New Delhi.
- ii) The Chief Instructresses of the Gramsevika training centres, which have been selected for the training of anganwadi workers (statement-2 enclosed) should be deputed to the 10-day orientation training from 11 August to 20 August 1975, being organised by the FCW training centre, Jamia Millia, New Delhi.
- iii) At least two Instructors from each Gramsevika training centre, which has been selected for the training of anganwadi workers (statement-2) may be deputed for the 4-week orientation training from 1 September to 26 September 1975. This training will be organised by the FCW training centres in Jamia Millia, New Delhi and Baroda. The Instructors from the Gramsevika Training Centres in Andhra Pradesh, Assam, Himachal Pradesh, Orissa, Punjab and West Bengal may be deputed to the FCW training centre, Jamia Millia, Delhi. The Instructors from the Gramsevika Training centres in Karnataka, Kerala, Madhya Pradesh, Maharashtra, Rajasthan and Tamil Nadu may be deputed to the FCW training centre, Baroda. Residential accommodation for the trainees will be arranged by the FCW training centres.
- iv) The BDOs of the ICDS blocks may be deputed for a 1-week orientation from 1 September to 6 September 1975, to be organised in Delhi by the FCW training centre, Jamia Millia New Delhi.
- v) The first batch of anganwadi workers should be deputed for training to the concerned training centre (please see statement-2 enclosed herewith) so as to

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\* Deleted. See appendices.

reach the concerned training centre by October 1, 1975. The training of anganwadi workers will be of three months, i.e. 2 October 1975 to 31 December 1975. The second batch of anganwadi workers will be trained from 1.7.76 to 31.3.76 and, wherever necessary, a third batch will be trained from 1.4.76 to 30.6.76. Each batch should consist of 40-50 anganwadi workers.

- vi) The State level officers in charge of ICDS projects (of the rank of Joint Secretaries/Deputy Secretaries/Directors/Joint Directors) in charge of ICDS projects at the State level may be sent for a 3-day workshop from 4 Sept. to 6 Sept. 1975, being organised in Delhi by the National Institute of Public Cooperation and Child Development, New Delhi.

(Note : It was communicated under this Department's letter No. 6-11/75-NCD dated 21 July that the National Institute of Public Cooperation and Child Development will make arrangements for accommodation of the States level officers attending the workshops from 6 August to 8 August and 4 September to 6 September 1975 in Delhi. However, most States have their guest houses in Delhi. It is, therefore, felt that the State Governments may not require accommodation from NIPCCD on arrival in Delhi. In case of the officers coming from any States do require accommodation in Delhi, they may contact NIPCCD on arrival in Delhi (Telephone No. 74865)

- d) **Coordination** : The success of this scheme will mainly depend upon the effectiveness of coordination at various levels because the scheme envisages an integrated delivery of a multiplicity of services which are handled by different departments at different levels. Coordination committees should, therefore, be set up at the State, District, Block and village levels. General guidelines for the setting up of Coordination Committees are contained in appendix-D to the Scheme enclosed herewith. The constitution of the committees at different levels by the State Government may please be communicated to this Department. It is further suggested that a core working group of two or three officials at the State level, who are intimately connected with the nutrition, health and pre-school aspects of the schemes may be set up. This working group should meet more frequently and settle issues relating to coordination at various levels.

- e) **Participation by the Social Welfare Advisory Boards voluntary organisation etc.**

The scheme envisages active involvement of the Central Social Welfare Board, State Social Welfare Advisory Boards, volun-



tary organisations, local bodies, panchayats etc. in the implementation of the scheme. As far as possible, the anganwadis should be run by voluntary organisations, local bodies, panchayats etc. which can be given assistance for running the anganwadis. The Central Social Welfare Board and the State Social Welfare Advisory Boards should, therefore, be involved in the organisation of new voluntary organisations, wherever necessary, and promotion and development of the existing voluntary organisations so that these organisations can be entrusted with the running of anganwadis. Wherever any voluntary organisations local bodies, panchayats etc. are already running balwadis or other pre-school institutions, these facilities should be availed of.

6. One of the important elements in the scheme is the strengthening of health infrastructure in the project areas. It has been recognised that effective delivery of health services to pre-school children and pregnant and nursing women in the project areas will require appointment of an additional doctor in the PHC, two lady health visitors/public health nurses in each rural/tribal project and additional ANMs so that there is one ANM for a population of 5000. The State Government will have to provide the health infrastructure, including staff, medicines and other facilities, in the ICDS blocks on the basis of the pattern approved under the Minimum Need Programme in the State sector. The additional health personnel as well as additional requirement of drugs/medicines in the ICDS blocks will be provided by the Government of India from ICDS funds as mentioned in appendix-C to the scheme. The State Government should, therefore, take immediate steps for bringing the health infrastructure to the pattern approved for the ICDS projects, limiting the expenditure reimbursable from the Government of India to the extent of posts mentioned in appendix-C to the scheme. Creation of posts and appointments to these posts will have to be done with utmost speed. It should be possible to divert personnel from other areas, if necessary, in order to fill the additional posts in the ICDS blocks without delay. As soon as this Department hears from the State Government about the appointment of additional health personnel in the ICDS blocks so that they are fully acquainted with the various aspects of the ICDS scheme as well as their functional responsibilities. It is not the intention of the Government of India to have the additional health staff, as mentioned in appendix-C to the scheme separated from the other staff for primary health services and earmarked for the ICDS scheme. The additional health staff from ICDS funds as well as from the State funds under the Minimum Need Programme should be merged into one integrated health infrastructure in the ICDS blocks so that the territorial jurisdiction of the para-medical and supervisory staff is distributed in such a manner that they can easily provide the needed services to the areas in their respective charge. The Union Ministry of Health and Family Planning will issue detailed guidelines, in due course, about the functioning of the health infrastructure in ICDS project.



7. All the personnel under the ICDS scheme should be borne on the respective cadres of the State Government and, therefore, these posts should be sanctioned in the appropriate pay scales of the State Government. For this purpose, necessary adjustments in the cost estimate given in appendix-C to the scheme are permitted.

8. The ICDS scheme should be integrated with other allied schemes of the Ministries/Departments of the Government of India as well as the State Governments in order to produce a deeper impact in regard to the development of early childhood services in the project area. For instance, the schemes of the drinking water supply (Union Ministry of Works & Housing and the concerned State Department), Applied Nutrition Programme (Union Department of Rural Development in the Ministry of Agriculture and Irrigation and the concerned State Department), mobile food and extension units (Department of Food in the Union Ministry of Agriculture and Irrigation), functional literacy of women (Department of Social Welfare in the Union Ministry of Education and Social Welfare) etc. can provide their facilities and services in the ICDS project areas. References to the possibilities of such coordinated action are indicated in the scheme.

9. The cost of the nutrition component in the ICDS scheme has to be met from the State sector under the Minimum Needs Programme. The approved pattern for nutrition in the ICDS blocks is 25 paise per day per beneficiary for food and 60 paise per day per beneficiary in respect of severely malnourished children. The existing SNP centres, if any, in the ICDS blocks will merge in the anganwadi. There will be no need for running any SNP centre independently of the anganwadi because each village i.e. each local area with a population of about 1000 will have one anganwadi which will provide all services one of which is supplementary nutrition. In exceptionally hard cases, where the State Government, for any exceptional reason, is not able to provide the nutrition component from the State sector under the Minimum Needs Programme, the Central Government will consider providing nutrition from the Central budget in the initial stage and without future commitment on receipt of proposal from the State Government with necessary justification. WFP will be providing food commodities, in the near future, for the Special Nutrition Programme in 11 States (Assam, Bihar, Gujarat, Madhya Pradesh, Maharashtra, Karnataka, Kerala, Rajasthan, Tamil Nadu, Uttar Pradesh & West Bengal). CARE is already providing food commodities for the Special Nutrition Programme in some States. The WFP and CARE food commodities for the Special Nutrition Programme can be utilised, wherever necessary, for the nutrition component of the ICDS scheme. However, preference should be given to reliance on local foods.

10. As mentioned earlier in this Department's letter No. 6-11/75-NCD dated 21 July 1975, the entire cost on training, including TA/DA of the trainees as well as officers attending the workshops will be borne by the Government of India. Initially, the expenditure will have to be borne from the respective State sources, though it will be subject to

reimbursement by the concerned training centre subsequently. However, so far as the anganwadi workers are concerned, the BDO or the CDPO of the concerned ICDS project should give advance against the TA as well as an advance of Rs. 150/- against the honorarium to the anganwadi workers. Funds for the ICDS projects are being released to the State Governments separately. In the meantime, the State Governments may take necessary action to complete necessary budgetary formalities at the State level and provide funds in their non-plan budgets to the extent shown in statement-3.\*<sup>1</sup> The State Governments may incur expenditure from this provision on the basis of sanctions released by this Department to the States from time to time. If provision is not already made in the non plan budget of the State, necessary budgetary provision in the form of taking advances from the State contingency fund may be made in order to avoid delay in the release of funds by the State Government. The State Governments may also place funds at the disposal of the concerned field officers as early as possible. The anganwadi workers will also get a stipend of Rs. 75/- per month from the training centre. The anganwadi workers will be first selected and then sent for training. They will be entitled to honorarium and stipend of Rs. 75/- p.m. during the period of training. They will not get any DA. On return from training, the advance of Rs. 150/- against the honorarium may be deducted from the three months honorarium payable to the anganwadi workers. So far as the training centres are concerned, the State Government may make a lump sum provision of Rs. 1 lakh for gramsevika training centre as per statement-2 during the current year in addition to the provision for ICDS shown in statement-3. The Gramsevika training centres will have to incur expenditure on the training of anganwadi workers, their stipends etc. during the course of the training. Funds for this purpose will also be made available by the Government of India.

11. The ICDS scheme is a 100 per cent centrally sponsored scheme. Except the nutrition component, the expenditure on other components of the scheme will be reimbursed by the Government of India. The State Governments may, therefore, make immediate arrangements to complete the budgetary formalities for providing funds at the State level and releasing these funds to the concerned State officials so that no delay is experienced in the implementation of project on account of difficulties in the financial sanctions.

12. If the State Government has any point for clarification, the following officers can be contacted through official or demi official communications as well as on telephones :

Shri M.M. Rajendran, Joint Secretary\*<sup>2</sup> : Tel. 386227

Shri M.S. Dayal, Director (NCD) : Tel. 387924

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\*<sup>1</sup> Deleted.

\*<sup>2</sup> Substituted.

Copy of the letter No. 6-11/75-NCD dated 22 August 75 from the Department of Social Welfare, Government of India, to the State Governments and the Union Territory of Delhi.

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**Subject :—Integrated Child Development Services Scheme/training of Anganwadi workers etc.**

A copy of the ICDS scheme along with detailed guidelines was sent to the State Government under this Department's letter of even number dated 1 August 1975. Prior to that, certain guidelines regarding the training of ICDS functionaries at various levels were issued under this Department's letter of even number dated 21 July 1975.

2. The final list of the training centres, which will train the anganwadi workers of the ICDS projects in different States, is enclosed<sup>α<sup>1</sup></sup>.

3. The ICDS is a centrally sponsored scheme. The Central Government will meet the entire expenses on this scheme except the nutrition component and partial strengthening of the health infrastructure under the Minimum Needs Programme, as mentioned in this Department's letter No. 4-6/74-NCD dated 10 July 1975. However, the training programmes for ICDS are in the Central sector. Thus, funds for ICDS will be released to the State Governments. On the other hand, funds for the training programme will be released to the State Governments in respect of training centres, which are under the administrative control of the State Governments and to the concerned organisations where the training centres are not under the administrative control of the State Government. It will be seen from the enclosed statement<sup>α<sup>2</sup></sup> that 14 Gram-sevika Training Centres, 1 Service Home (Madras), 8 Balsevika Training Institutes (Indian Council of Child Welfare) and 5 Training Centres of the Bhartiya Adimjati Sevak Sangh will be utilised for the training of anganwadi workers. Accordingly, funds are being released to ICCW and BASS directly in respect of 8 & 5 centres respectively. Funds for the other 15 centres which are under the administrative control of the State Governments have been released to the State Governments under this Department's sanction letter of even number and date.

4. The general approved pattern for each training centre, selected for the training of anganwadi workers, is shown in the enclosed statement—2. In this connection, the following clarifications and guidelines may be kept in view:

a) The pay scales for various categories of functionaries in the training centre are shown in statement—2. However, these are only indicative. The State Governments may adopt appropriate

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<sup>α<sup>1</sup></sup> Deleted. Revised list as on 30 June 1976 is included in appendices.

<sup>α<sup>2</sup></sup> Deleted



scales in accordance with the scales applicable in the State Government in respect of Chief Instructors/Instructors in their training centres. The total expenditure should be within the approved limits as per statement—2\*

- b) It may not be necessary to appoint Supervisors or Chief Instructors/Instructressess etc. in each training centre because they have their existing staff. There will be two types of situations. First, in some training centres, there may be regular training programmes in progress and these programmes may not come to a close by the end of September 1975. Consequently, the training faculty in such centres may not be able to devote full time to the training of anganwadi workers commencing on 2 October 1975. In such cases, the State Governments may recruit additional Instructors etc. on a temporary basis until the training of anganwadi workers is completed in each centre. However, necessary internal adjustments of Instructors should be made so that the Instructors, who receive the orientation training from 1 September to 26 September 1975 in the FCW training centres in Baroda and Delhi are engaged in the training of anganwadi workers. Secondly, there may be training centres which may not be having any regular training programme at present or where the regular training programmes may come to a close before October 1975. In such cases, new regular training programmes may preferably not be started so that such training centres can devote themselves fully to the training of anganwadi workers. In case of recruitment of new Instructors etc. the State Government may follow the qualifications applicable to similar functionaries in their training centres. In respect of training centres, however, guest speakers may be obtained on payment of appropriate honorarium wherever necessary.
- c) In respect of training centres where regular courses are in progress and these courses will not be over before October 1975, additional accommodation for the anganwadi workers and some additional equipment may have to be obtained. In respect of all the training centres, however, if any equipment, considered necessary for efficient training of anganwadi workers, is not available, such equipment may be procured on urgent basis so that it is available before October 1975. The expenditure on these items may be incurred as mentioned in statement—2.
- d) Statement—2 indicates the expenditure on stipend for 11 months. This has been calculated on the assumption that in a period of 12 months, the training centre will have a period of one month for preparation and only 11 months (maximum) of actual training during which stipend will have to be paid to the anganwadi workers. However, in most cases, the training will not continue

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for 11 or 12 months because the anganwadi workers for the experimental projects will have been trained in two to three batches. Generally speaking, a training centre may have to function from six to twelve months. Within the various items under recurring and non-recurring expenditure, as mentioned in statement—2, the State Governments will be free to make internal adjustments of funds against each item subject to the condition that the recurring expenditure and the non-recurring expenditure does not exceed the approved limits as per statement—2\*

- e) In such cases where additional workload devolves on the existing Chief Instructors and Instructors and the State Governments are of the view that the additional responsibility is onerous and justifies additional remuneration in the form of special pay and that it is better and more economical to entrust additional responsibilities to the existing staff instead of recruiting new Instructors, the State Government may consider granting special pay to such existing staff. However, the special pay to any individual should not exceed Rs. 100/- per month and such special pay should only be granted if the additional duties are onerous and if this results in economy by avoiding the employment of additional Instructors.
5. We would also like to clarify certain other issues regarding the training of anganwadi workers as stated below:
  - a) As explained in this Department's letter of even number dated 1 August 1975, the anganwadi worker has to be carefully selected. She should be a person from the concerned village and one who is acceptable in the community.
  - b) Since the ICDS projects are taken up on experimental basis, we would like to ensure that the success of these projects is not hampered by bureaucratic procedures and methods. The cases of anganwadi workers, who are not able to complete the training course satisfactorily, will, therefore, have to be viewed sympathetically. At the end of the three months course for anganwadi workers, the concerned training centre will have to assess each trainee. The training centre will give a certificate of satisfactory completion of the three-month training course to those anganwadi workers who satisfactorily complete the course. In this regard, the decision of the training faculty of the training centre will be final. If, in the opinion of the training faculty of the training centre, an anganwadi worker has not satisfactorily completed the training course, a simple certificate to the effect that such person has attended the training course for anganwadi workers may only be given. However, the concerned BDO/CDPO

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should be advised to select another worker from the concerned village and send her for training course for the anganwadi workers. Similarly, if for any reason a successfully trained anganwadi worker is not able to continue her work of anganwadi worker in the village from which she was selected, another worker should be selected and trained in a subsequent course. There may be various reasons for such a situation e.g. a trained anganwadi worker may get married and go to another village or she may have to shift her residence from one village to another on permanent basis or she may not be able to continue her work as anganwadi worker for any exceptional domestic or other reasons etc. It would, therefore, not be necessary to take any bond from the anganwadi workers at the time of sending them for training. This is especially so because they are honorary workers. During the training period, which is an in-service training, all the anganwadi workers will receive their honorarium and stipend irrespective whether the training is completed satisfactorily or not.

6. We have released an amount of Rs. 70,000 per training centre. This includes Rs. 22,000 for non-recurring expenditure and Rs. 48,000 for recurring expenditure for six months. Additional funds, if necessary, will be made available in respect of those centres which have to do the work of training the anganwadi workers for more than six months. In respect of such centres, proposals may be sent to this Department in due course.

7. We have received proposals from most of the States regarding blocks for the experimental projects and the final selection of ICDS blocks is being communicated to the States separately. The number of anganwadi workers in each selected block will generally be at the rate of one per thousand of population (1971 Census). However, general guidelines in this regard have already been issued under this Department's letter of even number dated 1 August 1975.

8. If you have any point for further clarification, please contact the undersigned as early as possible.

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Copy of d.o. letter No. 28/14/75-FNB II dated 3 September 1975, from the Joint Technical Advisor, Department of Food, Government of India, to all the Regional Technical Advisors regarding action programme on ICDS\*

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You may be aware that the Government of India is taking up an Integrated Child Development Services Scheme in various States through

the Department of Social Welfare. A copy of the Schemes is enclosed for your information. Food and Nutrition Board has proposed to collaborate in this project to the extent possible.

The selection of blocks for implementation of the scheme has not yet been finalised. As soon as this information is received from the Department of Social Welfare, I shall be informing you in this regard. I am enclosing a statement indicating the action programmes which could be undertaken by your office for collaborating in operation of this Project, wherever possible. Your comments/suggestions if any in this regard will be appreciated.

**Action programmes which can be undertaken by the regional offices of the food & nutrition board, Department of Food for collaborating in the operation of ICDS Project.**

- i. A quick survey could be undertaken in collaboration with Block Development Officer, Chief Development Project Officer and Officer Incharge of PHC to identify the locally available nutritious foods which could be used in the feeding programmes.
- ii. To formulate and develop locally acceptable recipes from these foods which should be similar to NIN type recipes giving about 250/300 calories and 10/15 gms, of protein per 100 gms. of recipe for 25 paise.
- iii. To assist B.D O. and C.D.P.O. in arranging the manufacture/processing of the locally available food material for feeding programmes. The mobil extension unit to give demonstrations of the preparation of different recipes for feeding programmes.
- iv. In case of local food material is in short supply, arrangements for introduction of Balahar could be recommended.
- v. Assist the BDO and CDPO in getting Bahahar or other related processed foods from the manufacturers, such as, FCI, etc.
- vi. Make available the mobil extension unit staff and other regional staff for nutrition education training, of women workers of Anganwadi in ICDS Project at different training centres selected by the Department of Social Welfare.
- vii. Carry outextension programmes in ICDS Blocks for fruit and vegetable preservation on home scale with the assistance of the various canning centres.
- viii. Mobile extension units could concentrate their activities in ICDS Blocks and extension in urban/metropolitan cities may be given low priority.
- ix. Carry out the base line dietary and nutrition surveys in these blocks. The information collected will be extremely useful in the evaluation of ICDS Project.
- x. Maintain close liaison with the BDO and the CDPO in all the matters concerning nutrition and nutrition education.

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\* A copy of this letter has also been enclosed by this Department to the State Government and the Union Terretory of Delhi.



Copy of the letter No. 6-11/75-NCD dated 8 September 1975 from the Department of Social Welfare, Government of India, to all the State Governments and the Union Territory of Delhi.

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**Subject : Training programmes under ICDS.**

Some instruction and guidelines regarding the training programmes for various functionaries under ICDS have already been communicated to all concerned under this Department's letters of even number dated 21 July and 1st August 1975. A few copies of the ICDS scheme & the final list of the training centres are enclosed.\*<sup>1</sup>

2. At present, the training of the Instructors from the training institutions selected for the training of anganwadi workers, is being conducted in the FCW training centres at Jamia Millia, Delhi and Baroda. The training of anganwadi workers will commence in the selected training centres on 2 October 1975. The State Governments are, therefore, requested to ensure that anganwadi workers from the selected blocks report for training in the concerned training centres on 1.10.75. At least 30 to 50 anganwadi workers may be deputed for the first course commencing on 2 October 1975. Wherever trained Balsevikas are readily available to work as anganwadi workers, the anganwadi centres can be started without delay.

3. The anganwadi worker is a crucial functionary in the scheme. Her proper training is, therefore, of special significance. From this point of view, the training of instructors and their role in the training of anganwadi workers are also of crucial importance. A few copies of the training syllabai for various functionaries are also enclosed for ready reference.\*<sup>2</sup>

4. Certain health cards will have to be maintained by the ANMs/anganwadi workers. The cards to be used in the scheme include beneficiaries card (to be kept in a polythene bag by each beneficiary receiving supplementary nutrition), mother's child card, to be kept in polythene bag with every mother for the purpose of recording the immunisation and weight of the child upto the age of five years, ante-natal card for every pregnant women to be maintained at the ANMs sub-centre, child card to be maintained at the ANMs sub-centre in respect of children below three years of age i.e. children who do not attend the pre-school activity in the anganwadi but may be receiving supplementary nutrition and anganwadis in respect of children who attend the pre-school activity in the anganwadi in addition to receiving supplementary nutrition (entries in these cards will be made by the doctors/health visitors/ANMs; while visiting a village, the file of antenatal cards and the child cards kept at the sub-centre is expected to be taken to the concerned village by the visiting doctor/health visitor/ANM), mother's immunisation card (to be kept in polythene bag by each pregnant mother) and the referral card (sufficient stock of which

\*<sup>1</sup> Deleted. See appendices

\*<sup>2</sup> Deleted. See appendices



will be kept at the anganwadi as well as at the sub-centre and which will be used by the anganwadi worker/ANM for the purpose of referring a mother/child to the sub-centre/PHC/ hospital etc.)

5. A few copies of these cards are enclosed.\*<sup>1</sup> About 50 copies of each card are being sent to the FCW training centres so that the Instructors can be familiarised with these cards as the anganwadi workers will have to be acquainted with the use of these cards. The anganwadi worker will have to weigh each child every month, record the weight in the graph on the mother's child card, use referral card for referring cases of mothers/children to the sub-centre/PHC etc. and maintain child cards for children attending the balwadis and produce these cards before the visiting medical and para-medical personnel. Sufficient copies of these cards will also be supplied for use in the training centres for the training of anganwadi workers.

6. We are finding it difficult at the central level to translate the above-mentioned cards into the regional languages and print them here. The Government of India will print some cards in English and will also print the cards in Hindi or English, as the case may be, for States which may like to have cards in English or Hindi. In respect of other States, it is suggested that the State Governments may get the cards translated into their regional languages and get these printed on urgent basis. The number of cards of each category to be printed for each State is shown in a statement enclosed herewith.\*<sup>2</sup> It will be seen that the number of cards to be printed is more than what is actually required. This is because it is proposed to use the surplus cards in other PHCs in the state where extensive work in maternity and child health is possible and especially in these areas where the Special Nutrition Programme is being implemented. We are also considering steps for the improvement of the SNP feeding centres with a view to providing supporting health services to the existing SNP beneficiaries more effectively (in respect of non-ICDS areas) and necessary communications in this regard will be issued in due course. It is, therefore, desirable to print the cards, as shown in the enclosed statement at one time. However, before the cards are finally translated and printed, we would like to have suggestions, if any from the State Governments as well as the training institutions in regard to possible improvements in these cards. If there are any suggestions, these may please be forwarded to this Department within a fortnight so that a final shape can be given to these cards. Paper and polythene bags (polythene bags are required for the cards to be kept with mothers/children) for all the cards will be supplied by UNICEF. The specifications and the requirement of paper are being worked out with UNICEF. The quantity of paper will be based on the number of cards shown in the enclosed statement.\* The supply of paper and polythene bags to the States, which want to translate and print the cards in regional languages, will be facilitated if

\*<sup>1</sup> Deleted. Specimen may be seen in appendices.

\*<sup>2</sup> Deleted. Revised statement may be seen in appendices.

the names of consignees are communicated to this Department and the local UNICEF representatives. The State Governments may give the name of the concerned officer or the printing Press (which may be decided by the State Governments as the consignee. The cost of translation into regional languages as well as printing of cards may be met from the funds released to State Governments for the ICDS scheme. Those States, which want the cards in English or Hindi, are requested to inform this Department immediately.

7. UNICEF has taken action to despatch one weighing machine to each of the two FCW training centres as well as the training institutions selected for the training of anganwadi workers so that the instructors and the anganwadi workers can be trained in the use of weighing machines and making entries in the mothers' child card. Training for the use of weighing machines will also involve training making corrections in weight if there is a fault in the machine.

8. The UNICEF would also be supplying the weighing machines for each anganwadi centre as well as ANMs sub-centre.

9. For weighing machines, other equipment (like vehicles for CDPOs, refrigerators for PHCs, mid-wifery and PHN kits etc.) and other materials, supplied by the UNICEF, 4 per cent advalorem charges may be paid by the consignee. These 4 per cent advalorem charges may be paid by the State Governments, FCW training centres and the training institutions, as the case may be, by meeting the expenditure from the funds released by this Department to the State Governments, CSWB (in respect of the two FCW training centres) and the other training institutions.

10. The three-day workshop for the State level officers incharge of ICDS projects is just being concluded today. A number of issues have been raised by the participants and most of these have been clarified during discussions. The State officers may please take further action as per the clarifications given in the workshop. Detailed guidelines containing the issues raised and the clarifications thereon will follow shortly.

\* Deleted. See appendices

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Copy of the memorandum No. 6-11/75-NCD dated 10 September 1975 from the Department of Social Welfare, Government of India, endorsed to various Union Ministries.

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**Subject : Integrated Child Development Services Scheme—Implementation of**

The undersigned is directed to forward herewith a list of I.C.D.S. Blocks selected for implementation of the Scheme in the States and Union Territory of Delhi<sup>\*1</sup>. A copy of the Scheme is also attached<sup>\*2</sup>. More copies of the scheme will be supplied on requisition.

2. The Ministry of Works & Housing etc. are now requested to issue necessary instructions to the state Governments and Delhi Administration to ensure an effective coordination and integration of their various schemes like drinking water supply, maternity and child health/family planning/strengthening of health infrastructure under MNP, Applied Nutrition Programme, Mobile Food and Extension Units, Functional Literacy of Women, etc. with services provided under the I.C.D.S. scheme in the ICDS blocks in order to optimise the impact on balanced growth of children in the I.C.D.S. project areas. A copy of the instructions may please be endorsed to this Department.

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\*1 Deleted, see appendices

\*2 Deleted

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Copy of Resolution No. F. 22-5/74-CDD dated 11 September 75, Department of Social Welfare, Government of India, issued for publication in the Gazettee of India Part I Section 1.

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**Subject :—Constitution of the Action Committee for the Integrated Child Development Services Scheme.**

The application of an integrated approach to Child Development had been engaging the attention of Government for considerable time. After several studies and inter-Ministerial discussions on the subject; the Government have sanctioned the scheme of the Integrated Child Development Services Scheme for implementation on an experimental basis in the Fifth Five Year Plan in the Centrally-Sponsored Sector. The Scheme envisages the delivery of a package of services to the Pre-school children and nursing and expectant mothers in the urban slums, tribal areas and rural areas. The package will consist of the following services:—

- (i) Supplementary nutrition;
- (ii) Immunization;
- (iii) Health check-up;
- (iv) Referral services;
- (v) Nutrition and health education; and
- (vi) Non-formal pre-school education.

2. The organisation of these diverse services require close coordination with and co-operation of a number of Departments in the Government of India as also in the State Governments in order to direct expeditious co-ordinated action on the ICDS Schemes, an Action Committee is hereby constituted in the Government of India. The terms of reference of the Committee are as follows:



- i) to co-ordinate the programmes of the different Departments of the Government of India to ensure the smooth flow of services in the project areas for the Integrated Child Development Services Scheme;
- ii) to ensure that the requisite contribution in material and services comes forth from the different Departments to ensure the implementation of Integrated Child Development Services Scheme;
- iii) to direct such other action as may be necessary for the success of the ICDS projects.

3. The Committee will consist of :

- |   |               |
|---|---------------|
| 1) Minister of Education, Social Welfare and Culture    | .....Chairman |
| 2) Secretary, Department of Rural Development           | .....Member   |
| 3. Secretary, Ministry of Health and Family Planning    | .....Member   |
| 4) Secretary, Planning Commission                       | .....Member   |
| 5) Secretary, Department of Education                   | .....Member   |
| 6) Additional Secretary, Department of Family Planning, | .....Member   |
| 7) Secretary, Department of Social Welfare,             | .....Convenor |

4. The tenure of the Committee will last till the end of The Fifth Plan period.

5. The Committee will meet once in a quarter or oftener, if necessary.

6. The Committee will have powers to co-opt additional members and invite eminent child welfare experts to attend its meetings as and when necessary.

7. The non-official coopted members of the Committee and child welfare experts invited to attend the meetings of the Committee will be entitled to T.A/D.A. for their journeys to attend meetings, as admissible to First Grade Officers of the Government of India.

Copy of the letter No. 12-1/75-CD dated 22 September 75, Department of Social Welfare, Government of India to State Governments and the Union Territory of Delhi.

Subject :—Supplementary nutrition in ICDS project, (CARE)

Supplementary nutrition is an important component of the package of services under the ICDS projects. In some of the ICDS project areas,

the Special Nutrition Programme is already being implemented. However, as the ICDS envisages a saturated coverage of the target group in the project area, the coverage of the Special Nutrition Programme widens in such a manner as to cover all the needy beneficiaries in the project areas. In any case, the Special Nutrition Programme in the ICDS project areas will merge in the ICDS project and should not run as a programme with separate entity. In other words, the anganwadi worker and the helper in the ICDS project will become the local functionaries for the nutrition component of the ICDS scheme even though the funds will flow from the Special Nutrition Programme allocations. This will obviously involve some saving to the State Government on the honorarium for the organiser and the helper in the ICDS project areas. However, there may be some additional expenditure on food because the Special Nutrition Programme may not be covering all the beneficiaries in the ICDS project area at present. In some cases, the Special Nutrition Programme is not being implemented in the ICDS project areas. In such cases expenditure on supplementary nutrition component in the ICDS project areas will have to be met from the provision for SNP under the Minimum Needs Programme in the State sector.

2. CARE has made an offer of food commodities for the supplementary nutrition component in ICDS project areas in your State. We have accepted this offer subject to the following conditions:

- a) The offer is acceptable to the State Government;
- b) CARE food commodities may be utilised for supplementary nutrition in ICDS project areas by readjustment of CARE food allocations for SNP and other pre-school feeding programmes in your State or, if surplus CARE food commodities are available in any areas, by an increase in the allocation of total quantities of CARE food commodities for the SNP and other preschool feeding programmes in your State;
- c) this should not lead to reduction in the allocation of CARE food commodities for Mid Day Meals Programme; and
- d) the State Governments will have to bear the necessary administration and transport costs (excluding the honorarium for organisers/helpers because the expenditure on the honorarium for the anganwadi worker/helper will be fully met from the funds released by the Central Government for ICDS) and the usual terms for supply of CARE food commodities for the feeding programmes would be applicable

3. If the State Government want to utilise the offer of CARE food commodities for supplementary nutrition in ICDS project areas, the details of the requirements for the ICDS project areas may please be worked out in consultation with the local CARE representatives. CARE's offer includes corn soy blend (CSB)/cornsoy milk blend (CSM), soy fortified

sorghum grits (SFSG), soy fortified bulgur wheat (SFBW) and oil. The requirement for the project area may be worked out at the rate of 125 grams of blended food and 7 grams of oil per pregnant/nursing mother per day and 80 grams of blended food and 7 grams of oil per child per day for about 300 days in a year. In case an increase in ration is considered necessary for any severely malnourished group in any part of the ICDS project area, the increased requirement may be worked out locally and intimated to this Department with appropriate justification. The total requirement for each ICDS project area, thus, worked out may please be intimated to this Department.

4. We have informed the CARE office in Delhi about the acceptance of their offer on the above-mentioned lines. The offer relates to the ICDS project areas shown in the enclosed statement<sup>α</sup>.

<sup>α</sup> Deleted. Revised statement included in appendices. Allocation of CARE food for ICDS is only a temporary measure.

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Copy of the letter No. 12/2/75-NCD dated 22 September 1975 from the Department of Social Welfare, Government of India, to all the State Governments covered under WFP programme, namely Assam, Bihar, Himachal Pradesh, Kerala, Maharashtra, J & K, West Bangal, Manipur, Meghalaya, Nagaland and Tripura.

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**Subject :—Supplementary nutrition in ICDS projects, (WFP)**

Supplementary nutrition is an important component of the ICDS projects. In some of the ICDS project areas, the Special Nutrition Programme is already being implemented. In some areas there is no Special Nutrition Programme. In any case, with the introduction of ICDS scheme, the special Nutrition Programme will get merged with the ICDS and will cease to have a separate entity, though funds for the supplementary nutrition component of ICDS will have to be met from the provision for SNP under the State sector Minimum Needs Programme.

2. As you already know, the Government of India have signed an agreement with UNDP/WFP for supply of food commodities for Special Nutrition Programme. The details of the beneficiaries under WFP-aided SNP in your State have already been communicated to the State Government under letter No 33/23/75-NCD dated August 4, 1975<sup>α</sup>.

3. WFP has offered food commodities for meeting the supplementary nutrition component of ICDS projects. This offer relates to the ICDS project areas shown in the enclosed statement.\* The food commodities offered by WFP are blended foods (soy fortified bulgur wheat

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<sup>α</sup> Not reproduced in this compilation.



and soy fortified sorghum grits) and butter oil. We have accepted the offer of these food commodities for meeting the supplementary nutrition component of ICDS projects in respect of the areas shown in the enclosed statement, subject to the following conditions:

- a) The offer is acceptable to the State Government;
- b) the State Government will have to meet the transport and administration costs excluding the honorarium of organiser/helper because the expenditure on honorarium of anganwadi worker/helper in ICDS project areas can be met from funds released by the Central Government to the State Government for ICDS project (s) ; and
- c) other terms and conditions will be the same as governing the utilisation of WFP food commodities under the Special Nutrition Programme in areas other than ICDS project areas.

4. If the State Government is willing to utilise WFP food commodities for the supplementary nutrition component of ICDS projects, there are two alternatives-

- i) this can be done by readjustment of WFP food commodities for SNP in your State in such a manner that all the requirements of the ICDS project areas receive the first priority.
- ii) We can increase the allocation of WFP food commodities to your State in order to meet the requirement of the ICDS project areas fully. This will, however, be subject to the condition that the State Government is willing to bear the expenditure on administration and transport costs in respect of the additional food commodities (excluding the honorarium of anganwadi worker/helper which will be met from funds released by the Government of India for ICDS project).

5. The WFP food commodities are expected to start arriving in late October/November 1975. If the State Government is willing to utilise WFP food commodities in the ICDS project areas as per the enclosed statement, please let us know as to which of the two alternatives in the preceding paragraph is acceptable to the State Government. The information regarding readjustment of WFP food commodities or the requirement of additional WFP food commodities, according to the alternative selected by the State Government, may please be communicated to this Department as early as possible.

6. In respect of those ICDS project areas where the Special Nutrition Programme is under implementation at present, the Special Nutrition Programme will lose its separate identity and become an integral part of the ICDS. Thus, the State Government will be able to save the expenditure on the honorarium of organisers/helpers because the expenditure on the honorarium of anganwadi workers/helpers under ICDS projects can be met from the funds released by the Government of India to

the State Government for the ICDS projects. The State Government may, therefore, consider accepting alternative (ii) in paragraph 4 above. If so, please inform us immediately about the requirement of additional WFP foodgrains during the next one year so that we can make necessary allocations and take further necessary action in the matter of subsequent shipments of WFP food. In case, the State Government decides to utilise WFP food commodities in the ICDS project areas, the requirement may be worked out on the basis of 125 grams of blended food and 7 grams of oil per pregnant/nursing mother per day, 80 grams of blended food plus 7 grams of oil per child per day. If in respect of severely malnourished cases, additional ration is considered necessary such additional requirement may be worked out separately and intimated to us along with justification.

7. We have informed the WFP office in Delhi about the acceptance of their offer on the above line.

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Copy of the letter No. 2-7/75 CD dated 24 September 75 from the Department of Social Welfare, Government of India, to the State Governments and the Union Territory of Delhi.

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**Subject : Training of anganwadi workers.**

Four-week orientation training course for the Instructors of the training institutions which have been selected for the training of anganwadi workers in ICDS Project areas, will come to a close on 26 September 1975 in FCW training centre, Baroda and FCW training centre, Jamia Millia, New Delhi. As Instructors from some training institutions could not join this four-week orientation training course, the second orientation training course for the Instructors of the remaining training institutions will be conducted in FCW training centre, Jamia Millia, New Delhi, from 15 October 1975 to 7 November 1975 and the training of anganwadi workers in these centres will commence on 14 November 1975. The concerned State Governments have already been informed in respect of these training centres.

2. Supplementary nutrition is a very important component of the ICDS scheme. Generally speaking, provision for supplementary nutrition component of the scheme is to be met from the provision made for SNP in the State sector Minimum Needs Programme. However, in some project areas, CARE/WFP food commodities will be available. The concerned States have been informed separately under letters No. 12-2/75-CD dated 22.9.75 and No. 12-2/75-CD dated 22.9.75 regarding the offer of CARE and WFP food commodities for ICDS project areas respectively.

3. As it is necessary to acquaint the anganwadi workers with the food commodities which will generally be available from CARE/WFP, the recipes that can be made with these commodities, the cooking processes and the nutritional contents of such recipes, we have requested the CARE to supply some quantities of these food commodities to the training centres with a view to training the anganwadi workers in the use of these commodities. A copy of the letter written to CARE-India is enclosed for information. Copies of the latest lists of the training centres for the training of anganwadi workers and the ICDS project areas are also enclosed for ready reference.\*

4. Necessary action at the State level may kindly be taken to pursue the point of training the anganwadi workers in the use of food commodities that will be supplied by CARE/WFP in some of the ICDS project areas.

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\* Deleted, see appendices.

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Copy of the D.O. letter No 12-1/75-CD dated 26 September 75 from the Department of Social Welfare, Government of India to CARE-India New Delhi, regarding the supply of CARE Food Commodities to the training centers.

Please recall our discussions a few days ago regarding utilisation of CARE food commodities in certain ICDS project areas. You agreed to my suggestion that some quantities of CARE food commodities may be made available to the training centres, which will train the anganwadi workers for the ICDS projects, so that the anganwadi workers, during the period of training, get acquainted with the CARE food commodities, the recipes that can be prepared with these commodities, the cooking processes and the nutritional contents of such recipes. You also agreed that technicians in the local CARE offices will render necessary assistance to the training centres in this process.

2. As you already know, we had recently negotiated food aid from WFP for Special Nutrition Programme in some States. In the ICDS project areas in some of these States, WFP food commodities (soy fortified bulgur wheat, soy fortified sorghum grits and butter oil) will be utilised in the ICDS project areas. As the food commodities supplied by CARE include SFSG and as the arrival of WFP food commodities will take some more time, some quantities of these commodities along with cooking oil may also be supplied to the training centres which will be training the anganwadi workers for the ICDS project areas in which WFP food commodities will be utilised with a view to facilitating the training of anganwadi workers in the use of such commodities.

3. Copies of the lists of training centres, selected for the training of anganwadi workers, the project ICDS areas, the State level officers in charge of the Gramsevik training programme and the



State level officers in charge of ICDS projects are enclosed for ready reference.\* Training of anganwadi workers in the training centres in Sikkim, Nagaland (Dimapur), Bihar (Deoghar and Dumka), Punjab (GTC, Batala) and Uttar Pradesh (BTI, Haridwar) is planned to commence on 14 November 1975 whereas the training of anganwadi workers in other centres will commence next month.

\* Deleted, see appendices.

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Copy of the d.o. letter No 4 1/75-CD dated 26 September 75 from the Department of Social Welfare, Government of India, to the State Governments and the Union Territory of Delhi regarding the supply of Jeep and refrigerator.

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Kindly refer to this Department's letter No. 31-1/75NCD dated 22nd August 1975 in connection with the allocation of funds to State Governments for the implementation of ICDS scheme, the details of which have been mentioned in Appendix 'C' of the booklet on Integrated Child Development Services Scheme sent to you. I would like to clarify the following points this connections.

- (i) Under the non-recurring grant a provision of Rs. 50,000/- for the purchase of van Rs 5000/- for the purchase of a refrigerator has been made. It may kindly be noted that these two items would be supplied to each block by the UNICEF. The State Governments are, therefore, advised not to purchase these two items from the funds made available to them under the Scheme. In this connection they may contact the local UNICEF representative through whom these two items would be made available.
- (ii) Under the 'Appendix C' of the booklet the provision for the salary of Driver has been made under the head "strengthening of staff in PHCs/Sub-Centres" I may make it clear that the Jeep would be under the charge of CDPO and therefore, the provision of salary of Driver would come under head "Staff" as item 6. However, the Jeep can be used by the medical personnel also whenever needed.

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Copy of the letter No. 2-6/75-CD dated 8 October 75 from the Department of Social Welfare, Government of India, to the State Government and the Union Territory of Delhi regarding TA and DA payment of Anganwadi workers.

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I am directed to draw your attention to this Department's letter

No.6-11/75-NCD dated July 21, 1975\*. This letter in different paragraphs makes it clear that the TA/DA expenses of different officers. instructors/ instructressess etc. dealing with ICDS scheme may initially be met by the State Government or by the Gram Sevika Training Centre etc. They may subsequently send the expenditure statement of TA/DA to the respective training institutions such as National Institute of Public Cooperation and Child Development, New Delhi, FCW Training Centre, Jamia Millia, New Delhi and F.C.W. Training Centre, V.T.K. Institute of Rural Development, Baroda, who in turn will reimburse this expenditure to the State Govrnments, to the Gram Sevika Training Centres etc. as the case may be.

2. As far as the training of anganwadi workers is concerned your attention is drawn to paragraph(h) of the above mentioned letter dated 21 July 1975 according to which the entire expenditure on the training of anganwadi workers, including their honoraria, stipend and TA will be borne by the Govt. of India. Out of these items honoraria and stipend have already been covered up under grants relesef for ICDS scheme and for training institutions. However, no funds are separately released for meeting TA expenses of the anganwadi workers. It has, therefore, been decided that the TA expenses of the anganwadi workers should be met from the funds allotted to you for the ICDS scheme. In this connection your attention is invited to my letter No. 4-1/75-CD dated 26 September, 1975, whereby you were required not to buy refrigerator and van out of the funds allotted to you for the ICDS scheme as these items would be supplied to you by UNICEF in kind. Part of savings under these two heads can be utilised to meet the expenditure on the TA expenses of anganwadi workers The Anganwadi workers will not get D.A. but they will get stipend in addition to honorarium during the training period.

3. You are also requested to expedite the selection of CDPOs, Supervisors and remaining Anganwadi Workers and send them for he training courses as intimated by this Department from time to time.

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\* Not included in this compilation.

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Copy of the d.o. letter No. 1-1/75-CD dated 9 October 75 to the State Governments and the Union Territory of Delhi regarding the supply of equipment for ICDS projects.

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Kindly refer to my d.o. letter No.4-1/75-CD dated 26.9.75 informing you not to purchase vans and refrigerators from the funds allocated to you under the ICDS scheme as these two items would be supplied by UNICEF. In addition to this, please let us know if

Supervisors, ANMS and Anganwadi workers would be requiring bicycle for their use in the implementation of the ICDS scheme. If so, please let me know the total number of bicycles which would be required in each project so that the matter regarding the supply of bicycles may be looked into.

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Copy of the letter No. 1-5/75-CD dated 21 October 75 from the Department of Social Welfare, Government of India, to the State Governments and the Union Territory of Delhi.

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**Subject : Role of the Central Social Welfare Board/State Social Welfare Advisory Boards and voluntary organisations in ICDS projects.**

The question of the role of the Central Social Welfare Board, State Social Welfare Advisory Boards, voluntary organisations, local bodies, panchayatiraj institutions etc. in the ICDS projects was discussed at the workshop of the State level officers in charge of ICDS projects during the period 4-6 September 1975 in Delhi. These guidelines on the role of such organisations are being issued to clarify the various points raised during discussions after taking into consideration the various views expressed by different representatives.

2. Para 36 of the ICDS scheme, copies of which have already been sent to the States, deals with the role of CSWB, SSWABs, voluntary organisations, local bodies, panchayatiraj institutions etc. are to be actively involed in this programme for implementation, soliciting community support etc. The Central Social Welfare Board and the State Social Welfare Advisory Boards should make efforts for organising a large number of voluntary organisations in the project areas. The intention is to entrust the running of anganwadis to voluntary organisations, local bodies, panchayatiraj institutions etc. (wherever these are functioning efficiently) and give them grant in aid on the basis of the pattern approved for the anganwadis.

3. One of the main objectives of Central Social Welfare Board and State Social Welfare Advisory Boards is to promote and organise voluntary organisations for social welfare activities. During the past years, these Boards have organised and promoted a large number of voluntary organisations. Similarly, Mahila Mandals have been organised under the community development programme. At many places, even the local bodies are functionig efficiently and are taking keen interest in social welfare activites. All these institutions should be involed in the implementation of the ICDS projects by entrusting the running of anganwadis to them and provide them grant in aid according to the approved pattern for anganwadis.



4. So far as the State Social Welfare Advisory Boards are concerned, they may be able to take up the work of organising a large number of voluntary agencies in the ICDS project areas and running the anganwadis through such agencies. They may even be able to run the anganwadis directly and hand over the running of these anganwadis to voluntary agencies which may be organised subsequently. In such cases, grant in aid for the running of anganwadis entrusted to the SSWAB can be paid to it according to the approved pattern for anganwadis. Where the running of one or more anganwadis in the ICDS project area is entrusted to Mahila Mandals organised under the community development programme, other voluntary agencies, local bodies etc, grant according to the pattern approved for anganwadis can be paid to such Mahila Mandals, voluntary agencies, local bodies directly. In other words, the existing infrastructure of voluntary agencies, local bodies etc, in the project area should be fully utilised for the implementation of the programme. Efforts should also be made for promotion and organisation of new voluntary organisations for taking up the responsibility for running the anganwadis. This will facilitate greater community involvement and participation in the programme because entrustment of the anganwadis to such organisations will immediately involve a large number of social workers in the programme.

5. Wherever the running of a substantial number of anganwadis in any ICDS project area is entrusted to one organisation like the State Social Welfare Advisory Board or the State Council of Child Welfare, the district level workers of such organisations should be expected to periodically visit the anganwadis entrusted to their organisation. However, the scheme does not envisage grant of any staff or vehicles at the State level. It is, therefore, suggested that, in such cases, the CDPO may provide his vehicle to the district level workers of such organisations for a few days every month. The programme for full utilisation of the ICDS vehicle can be worked out by the CDPO in consultation with the PHC, the district level workers of the organisation entrusted with a substantial number of anganwadis and others (if any) concerned. By providing such mobility to the workers of the State Social Welfare Advisory Board or the State Council of Child Welfare, as the case may be, services of such workers can be availed of for the purpose of providing supervision and guidance to the anganwadis.

6. If no organisation, as suggested above (and in para 36 of the scheme, copies of which have already been sent) is available, the Government may itself run an anganwadi. In such cases, the CDPO will have to disburse the honorarium to the anganwadi workers and to the helpers directly as well as provide other inputs for the anganwadis. In respect of such anganwadis too, efforts should be made for organising local voluntary agencies and entrusting the running of anganwadis to them.

7. The intention of the Government is to keep a flexible approach and evolve a pattern most suited to each ICDS project area. Care

should be taken that available opportunities should not be lost. The State Social Welfare Advisory Boards and the community development programme have already done substantial work regarding the organisation of voluntary agencies. It would, therefore, be in the interest of the programme to make use of the State Social Welfare Advisory Boards as well as the CD block set up in the ICDS programme.

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Copy of the letter No. 1/3/75-CD dated 23 October 75 from the Department of Social Welfare, Government of India to the State Governments and the Union Territory of Delhi.

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**Subject : I.C.D.S. Scheme-Declaration of Drawing and Disbursing Officers under.**

I am directed to refer to this Department letter No. 31-1/75-CD, dated the 22nd August, 1975 sanctioning the funds for the implementation of the I.C.D.S. Scheme in the selected blocks in the State with effect from the 2nd October, 1975. The State Governments have, from time to time, been requested to make immediate arrangements for the selection and appointment of C.D.P.Os, Supervisors and Anganwadi Workers for the early and proper implementation of the Scheme. It is presumed that the State Government have selected the CDPOs etc. and have launched the scheme with effect from the 2nd of October, 1975. This may kindly be confirmed. Also the name of the CDPOs with their full addresses may kindly be furnished to this Department immediately.

It is expected that the C.D.P.O. who is in charge of the implementation of the Scheme in the respective block will be required to incur contingency expenditure on the purchase of articles etc. required by the Anganwadi Workers etc. and also make payments of honorarium etc. to them. In order to enable him to discharge these responsibilities, it is considered necessary that the CDPOs of the respective blocks may be declared as Drawing and Disbursing Officers in so far as the I.C.D.S. Scheme is concerned. The State Governments are accordingly requested to do the needful at their end under intimation to this Department.

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Copy of the letter No. 2-7/75-CD dated 28 October 1975 from the Department of Social Welfare, Government of India, to the State Governments and the Union Territory of Delhi.

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**Subject : Requirements of the training institutions selected for the training of anganwadi workers under ICDS projects.**

An amount of Rs. 70,000 per training institution has been released

to the concerned State Governments in respect of the institutions under their administrative control and to the Indian Council of Child Welfare and the Bharatiya Adimjati Sevak Sangh in respect of the training institutions to be run by these two organisations. This amount includes provision for expenditure on salaries of staff, allowances, stipends for trainees, rent for building, honorarium for visiting lecturers, craft material for preparation of training kits for anganwadi workers, local conveyance for field work, equipment, books and periodicals and contingencies. It is possible that the requirements of different training institutions for different items of expenditure may vary from one institution to the other. Adjustment of provision amongst different items of expenditure is permissible within the overall limit of Rs. 70,000.

2. It has been brought to our notice that some training institutions do not have sufficient facilities in the form of books, journals and other reference materials for the Instructors and the trainees, provision to cover the cost of transportation of trainees when they are taking on field visits, provision of funds for buying stationery, craft material and other items to prepare teaching materials and for demonstrations etc. It has further been brought to our notice that some training institutions may require specific items of equipment for effectively imparting the training to anganwadi workers.

3. As stated above, funds have already been released to the State Governments and the parent organisations of the training institutions in respect of the institutions under their respective administrative control. The books, journals and other reference material for the instructors will have to be of an advanced level but the material for the use of trainees should be simple and preferably in the regional language. The required books, periodicals etc. may be purchased for use in the training institutions. If sufficient material, which is simple and in the regional language, is not available, such material may be prepared by the training institutions for supply to the anganwadi workers.

4. The amount provided for local conveyance for field work can be utilised for POL for the existing vehicles or to meet the hire charges or travel cost when hired transport is used for arranging field visits of the trainees. The provision made for contingencies can be used for buying stationery, craft material and other items for preparing teaching materials and for demonstrations. Similarly, the provision for preparation of kits can be used for purchase of kits by the anganwadi (these kits will be carried by the trainees with them for use in the anganwadis).

5. The items of simple equipment can be purchased for the training institutions if these are absolutely necessary. If any specific items of equipment which are either too expensive or cannot be easily procured locally, are required for any training institution, a list of such equipment along with justification may please be sent to this Department urgently so that we may consider making necessary arrangement for the procurement of such equipment.



6. If the expenditure on any particular items is more than that provided in the break-up of the amount of Rs. 70,000, we have no objection to the utilisation of savings under other items in order to meet the excess expenditure on any particular item(s).

Under this Department's letter No.6-11/75-NCD dated 8 September 1975, a set of the health and nutrition cards (seven cards in all) was sent to you. One set is enclosed for ready reference. As requested in that letter, please send the following information immediately:

- a) Will the State Government like to get these cards or any of these cards to be printed in English and Hindi? If so, printing in English and Hindi will be arranged by us and printed cards will be supplied.
- b) Will the State Government like to get these cards or any of these cards to be printed in the regional language? If the State Government wants to have any of these cards printed in the regional language, arrangements for printing may be finalised by the State Government. The cost of printing may be debited to ICDS funds released by the Central Government.
- c) In respect of cards to be printed in the regional language, please communicate the name of the consignee to whom the paper for printing should be sent. The name of the consignee may be communicated to this Department and UNICEF (11, Jor Bagh, New Delhi) immediately. Please mention the names of the cards to project. However, as these two items will be supplied in kind, this amount will not be spent on purchase of vehicle and refrigerator. Savings under this can be utilised for such items as payment of ad valorem and delivery charges, travelling allowance of anganwadi workers deputed for training, information and publicity support (limited to Rs.2500 per project) and any other unforeseen items as may be authorised by this Department from time to time.

If any of equipment is required for any training institution for the training of ICDS staff please send the details and specifications of such equipment along with the name and address of head of the training institution so that we may consider procurement and supply of the necessary equipment.

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Copy of the letter No. 9-1/75-CD, dated 29 October 75 the from of Social Welfare Department, Government of India, to the State Governments and the Union Territory of Delhi.

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**Subject : Collection of background data for the ICDS project areas.**

The ICDS project area (s) in your State has already been decided.

We have been considering the introduction of a monitoring arrangement and prescription of progress reporting proformae for the ICDS projects. We are experiencing some difficulty in this task on account of the non-availability of some basic information about each ICDS project area. It has, therefore, been decided that a project report for each ICDS project area should be prepared. This report should contain some basic information about each ICDS project area as well as an outline of each ICDS project. The project report should be brief and should give the essential details relating to certain important items relevant to the project. A brief format is enclosed\* for the preparation of the project report. Please instruct your district officers and BDOs/CDPOs to prepare the project report in the enclosed format and furnish two copies thereof to this Department at the earliest possible date. The BDOs/CDPOs may also be instructed to send an advance copy of the project report directly to this Department. The information sought in the enclosed format is expected to be readily available in each ICDS project. In case, collection of any information on particular item leads to undue delay, the available information may please be incorporated and the project report may be furnished on the basis of the available information. Copies of this letter along with copies of the format are being endorsed to the Collectors/DDOs of the concerned districts as well as the BDOs/CDPOs of the ICDS project areas in order to facilitate early preparation of the report. We shall be grateful if you instruct the BDO/CDPO to prepare and send a copy of this report to this Department within a fortnight.

2. It has also been decided that senior officers from this Department should visit the States and the ICDS project areas to help the States and the project staff in expeditious implementation of the project. Instructions may please be given to the district officers and the BDOs/CDPOs to give cooperation to the visiting officers from this Department. The visiting officers will be able to settle any issues that you may have for clarification or instructions from the Government of India. In the initial stages, the officers would like to check action taken on certain basic initial steps for launching the ICDS projects. Copies of the tentative check-list of points for use at the State level and the block level are enclosed for ready reference. The State Government's district officers and the block level staff will be free to raise any other issues for clarification.

3. At the workshop of State level officers in-charge of ICDS projects during 4-6 September 1975, most of the delegates had stressed that a typewriter should be made available for CDPOs use because there is considerable workload in the BDOs office and the existing facilities in the BDOs office will not be able to cope fully with the typing work at CDPOs level in respect of the ICDS scheme. We can arrange supply of one typewriter (English or Hindi) to the block office for use by the CDPOs staff. Please let us know whether you would like a typewriter to be sent and if so, whether it should be in the English or Hindi language.

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\* Deleted, See appendices

4. The BDOs/CDPOs may please be instructed that the advance copy of the ICDS project report to be sent to this Department should be in English or Hindi. We are still awaiting the names and office addresses of the district level officers in charge of ICDS projects and CDPOs from the States. The names and office addresses of the district level officers and the CDPOs/BDOs may please be communicated immediately so that supplies of equipment/vehicles can be consigned to them. These will mostly be consigned to the CDPO (or the BDO if the CDPO is not yet appointed). In respect of equipment and vehicles supplied by UNICEF, 4% ad valorem charges have to be paid to the stores depot and the necessary delivery charges have also to be paid. These charges may be paid from funds placed at the disposal of the State Governments for ICDS project (s). The State Governments will be having sufficient savings for this purpose because the amount of Rs. 50,000 for vehicle and Rs. 3000 for refrigerator will not be used as these items will be supplied in kind by UNICEF. These funds can be used for meeting the travel cost of anganwadi workers going for training, ad valorem and delivery charges for equipment and vehicles supplied by UNICEF and information and publicity support to ICDS project (s) (the expenditure on information and publicity support may be limited to Rs. 2500 per project per year).

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Copy of letter No. M12011/27/75-Prg. dated 29 October 1975, from the Department of Rural Development, Government of India, to the State Governments and the Union Territory of Delhi.

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**Subject : Introduction of Integrated child development Services Scheme in ANP blocks.**

As you are aware, the Department of Social Welfare have decided to introduce an Integrated Child Development Service Scheme in the country on experimental basis. This scheme envisages an integrated delivery of certain services such as supplementary Nutrition, immunisation, health check up, referral services, non-formal pre-school education, Health and Nutrition education to pre-school children and pregnant and nursing mothers in the project areas. The Social Welfare Department had probably sent earlier to all States, copies of this scheme. However, another copy of this scheme is again enclosed for ready reference.

2. Needless to point out, Applied Nutrition Programme a Centrally sponsored scheme being administered by this Department is designed to improve nutritional status of people, particularly mothers and children in rural areas. It also aims to educate village communities for better awareness of the need to produce nutritionally beneficial changes in knowledge and beliefs about food and eating habits and consequent changes



at family and village level in the production, preparation Preservation consumption of food. It also seeks to ensure, to the extent possible, the provision of health care immunisation, potable water and environmental sanitation. The Master Plan of Operations on ANP for IVth Plan, copies of which have since been supplied to all States/UTs where ANP is under operation, indicates precisely the objectives of this programme, importance and essentiality of preparation of block Plan, pattern of assistance, etc.

3. With a view to enabling the scheme of ICDS to operate effectively the Department of Social Welfare have requested that a co-ordinated approach be made, at all levels to introduce this scheme in ANP blocks simultaneously as the objectives of both the programmes are somewhat analogous :

- (i) The ICDS Project areas as per list attached which are already covered under the ANP, may please be indicated alongwith year from which ANP has been in operation in each of these Project areas.
- (ii) The remaining ICDS Project may please be covered under the ANP during the current year and the next financial year.
- (iii) The importance of ANP in the ICDS project areas, as highlighted in para 32 of the ICDS scheme envisaging coordination with ANP, merits consideration.

4. Reference is invited to para 36 of the ICDS scheme which indicates that priority in the matter of running the Anganwadis is to be given to voluntary organisations, local bodies, Panchayati Raj Institutions etc., wherever these are functioning efficiently, and given grants-in-aid on the basis of the pattern approved for the Anganwadies. Whenever community buildings like panchayat ghar libraries are available, the facility of these buildings may be made available for running the Anganwadis by suitable adjustment of working hours according to the local convenience. The facility would be very helpful in storage of anganwadis material and food communities which, in any case, will require small space as well as for running the anganwadis in the occasion when, due to rain or excessive heat, the anganwadis cannot be run in the open. In view of this, the State Government/Union Territory Administrations are requested to extend necessary support to facilitate participation by Mahila Mandals and Panchayati Raj Institutions, etc.

5. Receipt of this letter may kindly be acknowledge and this Department informed about the action, so far initiated and/or that to be taken in this regard.

Copy of the letter No. 4-6/75 dated 30 October 75 from the Department of Social Welfare, Government of India, to the State Governments and the Union Territory of Delhi.

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**Subject : Funds for supplementary nutrition in ICDS projects.**

As you already know, the cost of supplementary nutrition in ICDS projects has to be met from the provision for SNP under the Minimum Needs Programme in the State plan. Assuming the number of beneficiaries in each ICDS project as shown in the scheme, the cost of supplementary nutrition for 300 feeding days is Rs.8.21 lakhs in a rural or urban project and Rs. 5.39 lakhs in a tribal project for 300 feeding days. It has been calculated on the basis that an amount of 25 paise per day will be required for 90% beneficiaries and an amount of 60 paise per day will be required for 10% beneficiaries. Necessary provision may please be made in the annual plan budget (1976-77) in order to meet the cost of supplementary nutrition in the ICDS project(s) in your State during the year 1976-77. However, the total provision for SNP under Minimum Needs Programme need not be limited to the requirement in respect of ICDS project but out of the provision made for SNP under MNP in 1976-77, the amount at the rate of Rs. 8.21 lakhs for each rural/urban project and Rs. 5.39 lakh for each tribal project should remain specifically earmarked for utilisation in the ICDS project area. This should be done irrespective of the fact whether CARE/WFP food commodities may or may not be available for supplementary nutrition in the ICDS project areas.

2. To the extent of expenditure for supplementary nutrition in ICDS project, the SNP pattern and guidelines will stand amended according to the pattern approved for ICDS (25 paise per beneficiary per day and 60 paise per beneficiary per day in severely malnourished cases) as well as the ICDS guidelines regarding selection of the beneficiaries etc. In ICDS project areas, no organiser and helper under SNP will be required because the anganwadi worker and her helper will carry out the functions of cooking and serving the food to the beneficiaries. In this task, they should also make efforts to involve participation of the community, especially mothers.

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Copy of the letter No. 3-2/75-CD dated 1 November 1975 from the Department of Social Welfare Government of India to the State Governments and the Union Territory of Delhi.

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**Subject : Appointment of lady officers as CDPOs & Supervisors.**

We have not yet heard about the appointment of CDPO(s) in the ICDS blocks. The CDPO should preferably and as far as possible be a

lady officer. The supervisors (i.e. Mukhya Sevikas), should be the lady officers. Please communicate name and office address of the CDPO's immediately.

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Copy of the letter No. 7-3/75-CD Dated 4 November 75 from the Department of Social Welfare, Government of India, to the State Governments and the Union Territory of Delhi.

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**Subject : UNICEF assistance for ICDS project.**

As you already know, UNICEF has been taking great interest in the developmental activities for children in the underdeveloped and developing countries. UNICEF's policy has been to link its assistance to the national development plans of the countries. During the Fifth Plan period of our country, the UNICEF Executive Board has approved a commitment of 56.8 million dollars for various programmes for children. UNICEF has shown great interest in the Integrated Child Development Services Scheme. The UNICEF will be providing the following inputs for the ICDS projects:

**1. Training**

- a) Stipend, travel costs and training grants relating to the orientation and training of ICDS project staff.
- b) Supplies and equipment required for the training institutions.
- c) Training media package.

**2). Health and nutrition**

- a) Equipment for PHCs/sub-centres.
- b) Refrigerators (wherever necessary) for PHC/sub-centres.
- c) Immunisation kits for health workers.
- d) Weighing scales for PHCs and health centres/sub-centres.
- e) Paper for printing health and nutrition cards (a set of these cards has already been sent to you under this Department's letter No.6-11/75-NCD dated 8 Sept. 1975).

**3. General**

- a) Vehicle for the CDPO.
- b) Typewriter (English or Hindi) for the CDPO, if required.
- c) Any other inputs that may be negotiated between Government of India and UNICEF.

UNICEF field officers will be contacting the concerned State Government officials in connection with the supply and use of the above-mentioned items. Necessary cooperation may be extended to them.



Copy of the letter No. 11-2/75 CD--dated 19 November 1975 from the Department of Social Welfare, Government of India, to the State Governments and the Union Territory of Delhi.

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**Subject : Integrated Child Development Services  
Scheme - Implementation of**

I am directed to forward herewith a copy of Ministry of Education and Social Welfare, (Department of Education) letter No F. 25-9/74-Schools, dated 31 October, 1975 addressed to all Education Secretaries in the States on the subject mentioned above. The State Education Department have been requested to issue instruction to all concerned to make available the accommodation in the Primary and middle Schools in the Selected areas under ICDS for the purpose of storing the anganwadi material and food commodities and some covered areas for running the anganwadis under the I.C.D.S. Scheme. The services of the School teachers have also been sought in the implementation of the ICDS Scheme by providing guidance to the anganwadi workers.

To make full use of the services that could be made available by the State Education authorities, it is requested that the State Department of Education may be contacted in the matter.

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Copy of the letter No. 25-9/74—dated 31 October 1975 Schools. I, Department of Education, Government of India to the State Education Secretaries, sent as enclosure with the Department of Social Welfare letter No. 11-2/75 CD dated 19 November 1975, to all the State Governments and the Union Territory of Delhi.

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**Subject : Introduction of Integrated Child Development Services Scheme  
in 33 project areas on experimental basis.**

I am directed to say that the Department of Social Welfare Government of India is introducing the Integrated Child Development Service Scheme in 33 project areas on an experimental basis. A copy of the scheme and the list of ICDS Blocks selected is enclosed herewith. The scheme envisages an integrated delivery of certain services (supplementary nutrition, immunisation, health check-up, referral services, non-formal education and health and nutrition education) to pre-school children and pregnant and nursing women. Health and nutrition education is to be extended to all women in the age-group 15-44. In addition to improvement in the health and nutritional status of children, the scheme aims at reduction of the incidence of school drop-outs and laying the foundations for proper psychological, physical and social development of the child.

One of the essential requirements of the scheme is of some space for storing the anganwadi materials and food commodities and some covered space for running the anganwadis, specially in those times when due to rain or excessive heat anganwadis cannot be run in the open. The Department of Social Welfare has approached this Ministry of request you that they may be allowed to make use of the facilities available in the primary and middle schools in the selected area for the purpose of the above mentioned scheme. That Department has stated that the anganwadi activities will require use of buildings for about three and a half to four hours. Similarly, some space in these buildings would be needed for storing the anganwadi material and foods. The school teacher can also play an important role in the ICDS scheme by providing guidance to the anganwadi workers.

I am, accordingly to request you kindly to issue necessary instructions if there be no objection to all the institutions concerned in the Blocks selected in your State to provide support to the scheme for the educational infrastructures in the ICDS project areas. A copy of the letter issued to the institutions may also please be endorsed to this Ministry for information.

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Copy of the letter No. 6-11/75-CD dated 26 November 75 from the Department of Social Welfare, Government of India, to the State Governments and the Union Territory of Delhi.

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**Subject : ICDS-selection of beneficiaries**

I hope by now most of the functionaries in the implementation of ICDS scheme in your State would have been selected and sent for required training as intimated to you from time to time.

2. In the implementation of the ICDS scheme the primary and most important point would be the identification of the beneficiaries especially for the purpose of supplementary nutrition feeding. We have sent you a number of cards for utilisation in the implementation of the ICDS scheme such as beneficiary card, immunisation card etc. (please see letter of even number of 8 September, 1975). These include a card having on one side of it a graph showing weight curves from birth to 5 years of age and on the other side having immunisation schedule, guide to nutrition and MCH Card II. The graph depicts 4 curves, I, II, III and IV. These are the curves depicting the relationship between the age of the child and his weight. As already mentioned in this graph, the weight of an average well-fed healthy child should be above the curve I. Children whose weights fall between lines I and II are slightly under-nourished and require health and nutrition education of the mother and supplementary feeding at home. For the purpose of

supplementary feeding of the children (between 0-6 years) under ICDS scheme, all those children whose weights fall below curve II are to be enlisted. All these children will require supplementary nutrition. The children whose weights will be between curves II and III would require supplementary nutrition at anganwadis. Children whose weights fall between curves III and IV are severely malnourished and in their cases the doctor should be consulted whether they need therapeutic approach in the hospital or can be continued on supplementary nutrition in anganwadis. Children whose weights fall below curve IV should be hospitalised immediately.\*

3. All the nursing and expectant mothers from the families of agricultural labourers, marginal farmers (holding less than one hectare) and other poor sections of the community should be enlisted for supplementary nutrition. In other cases, guidance of the ANM/Doctor should be sought.

4. I am sure, the above clarification will facilitate the selection and enlistment of the beneficiaries without any further delay. I may simultaneously suggest that for following the above procedure for selecting the beneficiaries a door-to-door survey in the ICDS project area may be conducted and a beginning in this direction made immediately.

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\* For specimen of health cards, please see appendices.

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Copy of the letter No. 3-1/75-CD dated 29 November 75 Government of India, Department of Social Welfare to the State Governments and the Union Territory Delhi.

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**Subject : Number of anganwadis in ICDS projects.**

During the course of discussions with the representatives of some State Governments, it came to notice that the field officers were not clear about the number of anganwadis to be opened in each ICDS project area. In the general model of the ICDS scheme, it has been indicated that there will be 50 anganwadis in tribal project and 100 anganwadis in a rural/urban project. However, the general model cannot meet the requirements of each project area, which has its own special demographic and other local features. It was, therefore, clarified in paragraph 3 of this Department's letter No. 6-11/75-NCD dated 1 August 1975, under which copies of the ICDS scheme were sent to the State Government, that the general model has to be adapted to the needs of each ICDS project area because the demographic and other features of each project area as well as the administrative set-ups in different States will vary. It is seen that several blocks, which have been selected for the ICDS project, have a



population of more than one lakh. Similarly, in many blocks, the number of villages is much more than 100 though the population of the block may be less or more than one lakh. A village cannot have less than one anganwadi even though the population of the village is less than one thousand. In respect of large villages, the number of anganwadis in each large village is to be decided locally on the basis of the population and the topography of the village. For instance, a village, having a population of about 4000, may require 3 to 4 anganwadis whereas five different villages, each having a population of less than 500, may also require 5 anganwadis at the rate of one in each village. There is no objection to an increase in the number of anganwadis beyond 50 or 100 in a tribal or rural/urban project on the basis of the population and the number of villages in the project areas (the question of number of villages does not apply to the urban projects). Sometimes, there are villages with very small population and located adjacent to one another. Whether more than one village can be covered by one anganwadi in view of the small population and contiguity—this is a question which can only be decided locally on the basis of the local topography and population. The number of anganwadis and their locations for each ICDS project area may, therefore, be decided by the concerned field officer, to whom the State Government may entrust this responsibility (Collector or CDPO). If the number of anganwadis considerably exceeds that shown in the general model, this will result in an excess of expenditure both for training and project implementation. Additional funds will be made available by the Government of India in order to cover such expenditure. While making provision in the state budget for 1976-77, it would be desirable if the State Government takes into account the requirement of funds for the actual number of anganwadis which will be required in each project area. This Department may also please be informed about the exact number of anganwadis, their locations and the area to be covered by each anganwadi as early as possible so that we may work out the requirements of funds for individual projects and take further necessary action to release additional funds to the States, wherever necessary.

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Copy of d.o. letter No. 1-1/75—CD dated 29 November 1975, from the Department of Social Welfare, Government of India, to the State Governments and the Union Territory of Delhi.

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**Subject : Supply of bicycles and mopeds to field workers**

Kindly refer to my D.O. letter No. 1-1/75—CD dated 9-10-75 regarding number of cycles required for Supervisors, ANMs and Anganwadi Workers for their use in the implementation of the ICDS Scheme. In this connection, I may also inform you that if need be, mopeds can also be supplied to Supervisors and Lady Health Visitors. You are requested to send your requirements at a very early date.

Copy of the letter No. 12-1/75—CD dated of 9 December 75 from the Department of Social Welfare Government of India to Collectors/BDOs/CDPO (of ICDS Projects areas).

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**Subject :—CARE assistance for construction of Anganwadi building in ICDS project areas.**

CARE has offered assistance for the construction of Anganwadi buildings in ICDS project areas as a support activity leading to the long term institutionalisation of the anganwadi centres in ICDS project. The offer has been carefully considered by the Government of India and has been accepted subject to certain conditions. These conditions are explained in the enclosed guidelines. If the State Government is willing to avail itself of CARE assistance for the construction of anganwadi buildings, the necessary details of the construction programme can be settled by the State Government in consultation with local CARE representative subject to the overall guidelines enclosed herewith.

The Government of India have accepted this offer subject to the following condition :

- a. The finalization of Anganwadi building construction programme details should be preceded by an examination of the community's need for Anganwadi buildings. This examination should form the basis for the selection of Anganwadi centres for the construction programme. Fresh constructions should not be undertaken where satisfactory alternative premises are already available, like panchayat ghars, community halls, etc.
- b. The local community's ability and preparedness for participation in the construction programme inclusive of sharing of a substantive portion of the construction cost should be adequately assessed. As the Government of India will not be contributing anything towards the construction of the building, construction work should be undertaken only in those places where it could be completed with
  - (i) assistance from the CARE organisation,
  - (ii) contributions in cash or kind from the community, and
  - (iii) other contributions from local bodies and/or State Governments wherever forthcoming.
- c. In the construction of Anganwadi buildings maximum use should be made of the locally available materials, keeping the nature of construction in consonance with the local conditions but providing appropriate conditions for environmental sanitation and hygiene.

4. Individual programmes of construction in ICDS project areas can be finalized by the State Governments in consultation with the local CARE representatives.
5. CARE's assistance for the construction can be availed in any one of the following forms :
  - i. CARE "Food For Work" (FFW) commodity assistance for payment of wages in kind to the construction labourers employed for Anganwadi construction.
  - ii. CARE funding for meeting partial costs of the building construction.
  - iii. A combination of FFW commodity assistance and partial CARE funding of the construction cost.

The details of such assistance may be settled by the State Governments in consultation with the local representatives of CARE organisation.

6. The CARE office in Delhi has been informed of the acceptance of their offer on the lines mentioned above.

Enclosure to letter No. 12-1/75—CD dated 9 Dec., 1975 from the Deptt. of Social Welfare, Govt. of India, to State Governments.

### GUIDELINES

**Subject : CARE assistance for construction of Anganwadi buildings in ICDS Project area.**

The ICDS programme envisages delivery of a minimum package of services comprising the following as its essential components :

- (a) supplemental and rehabilitative feeding;
- (b) immunisation (smallpox, DPT, BCG) and health check-up;
- (c) referral services;
- (d) nutrition and health education;
- (e) non-formal pre-school education.

The full realization of the ICDS project goals would primarily depend on the integrated delivery of the above essential components. CARE, fully subscribing to the above thinking, has already been participating in the ICDS project implementation by providing commodity support to the ICDS programme's supplementary nutrition component.

2. For the effective integration of ICDS programme components on a continuous and long-term basis, it is felt that the development of a suitable infrastructure in the form of Anganwadi buildings could be a desirable support activity. Such a step would lead to the long-term institutionalisation of the ICDS



centre and provide distinct identity for child care services in the community and therefore would provide a focal point for the integrated delivery of the essential components of the ICDS project.

3. Considering the development of infrastructure as an important requirement, CARE has made an offer to support a programme for the development of such infrastructure facilities i.e.... Anganwadi buildings in those blocks where CARE is providing food commodity assistance.

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Copy of the D.O. letter No. F. 1-9/75-CD dated 11 December 1975 from the Department of Social Welfare, Government of India, to all the State Government and the Union Territory of Delhi regarding the implementation of ICDS scheme.

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As you know, the Integrated Child Development Services scheme has been sanctioned on an experimental basis in the first instance. Orders have already been issued sanctioning ICDS projects in your State.

2. As the future expansion of the scheme is dependent on satisfactory performance during the experimental phase, may I seek your personal intervention and help in ensuring smooth implementation of the scheme. In this connection, the following issues deserve priority of action:-

- i) **Appointment of staff** : The scheme contemplates the appointment of a Child Development Project Officer, 3-5 Supervisors (Mukhya Sevikas), a doctor preferably with diploma in child health, two lady health visitors (for tribal and 4-8 rural blocks) and auxiliary nurse mid-wives (female health workers) in each project area. In addition, as many anganwadi workers as are required to provide one village-level worker for each village (more than one for large villages) need to be appointed. Funds to meet the expenditure on staff have already been placed at the disposal of the State Government. Detailed guidelines regarding selection of personnel have also been issued. You may kindly ensure that all the personnel required are recruited most urgently and sent for training wherever necessary. Unless these personnel are in position in the project area, you will kindly appreciate implementation will suffer inevitably.
- ii) **Co-ordination** : Coordination Committees at the State, District and Block levels may be set up immediately (if these are not already set up) and the constitution of these

committees may be intimated to this Department. Similarly, implementation/coordination committees at the village level should also be set up immediately by the Child Development Project Officer. Meetings of these committees may be called to discuss and settle various issues relating to the expeditious implementation of each project. Any issue requiring clarifications from the Central Government may be referred to us without delay.

- iii) **Implementing agency at village-level.** The scheme envisages active involvement of local voluntary organisations like Mahila Mandals, local bodies, Panchayatiraj institutions, etc., in the implementation of the programme. The Mahila Mandals have been organised under the Community Development Programme and also by the State Social Welfare Advisory Boards. These institutions may be entrusted with the work of running the anganwadis. Similarly, Mahila Mandals may be organised by the State Social Welfare Advisory Boards and the Community Development staff in those villages which have no Mahila Mandals at present so that the running of anganwadis can be entrusted to such organisations. If, for any reason, a Mahila Mandal does not exist or cannot be organised soon in any village, the running of the anganwadi can be entrusted to a Yuvak Mandal or other voluntary organisation or the Panchayat whichever may implement the programme efficiently. Grants for running the the anganwadi according to the approved pattern can be paid to these organisations whenever the running of anganwadis is entrusted to them. We would like to be informed about the detailed arrangements for the running of these anganwadis in each project so that we have a record of the agencies that will be implementing the programme in different project areas.
- iv) **Supplies and equipment :** We are arranging supplies of various items such as jeep for the CDPO, refrigerator for the PHC, wherever necessary, typewriter for the CDPO, if necessary, bicycles for Mukhyasevikas/ ANMs, if necessary, etc. we will not be sending these supplies to the project areas until we get the names and addresses of the consignees along with details and specifications of the equipment/vehicles required for each project. The names and addresses of the CDPOs may, therefore, be sent to us immediately. Until the CDPO is in position, the BDO may be entrusted with the work of the ICDS project. The names and addresses of BDOs may, therefore, also be sent to us.
- v) **Health and nutrition cards :** The State Government was requested under letter No. 6-11/75-NCD dated 8 September 1975 to indicate whether the State would like to have the cards printed

43 COMMUNITY HEALTH CELL  
326, V Main, I Block  
Koramangala  
Bangalore-560034  
India

in English or Hindi or in the regional language. If you want to get the cards printed in the regional language, please make arrangements for translation of the card and printing and send us the name and address of the consignee to whom the paper for printing these cards may be despatched (paper for printing these cards is being supplied by UNICEF). If you want the cards to be printed in English or Hindi, please let us know immediately so that we can print the cards and supply these to you.

- vi) **Project report and review :** We need some basic information about each project area in order to finalise the monitoring arrangements and progress reporting format for the project. A format for the project report has been sent to the States under letter No. 9-1/75-CD dated 25 October, 1975. Copies of the letter have been endorsed to the BDO/CDPO of each project area. Please issue instructions that a copy of the report is endorsed to this Department by the BDO/CDPO directly within a fortnight.

3. We shall be sending some senior officers of this Department to the States to discuss the progress of the implementation of this scheme with the State officials and to visit the project areas to review the progress on initial measures as well as to provide necessary guidance to the field officers. I have no doubt you will make sure that utmost cooperation is extended to these officers.

4. I have listed above some of the initial measures that are required to be taken to ensure smooth functioning of this project. As the work gains momentum, the State Government may come across various issues which have to be discussed and settled by the Coordination Committees at various levels. If there are any difficulties, we would be glad to be of assistance in resolving them.

5. I shall be grateful for an early reply.

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Copy of letter No. F-3/75-CD dated 15 December 1975 from the Department of Social Welfare, Government of India, to the State Governments, Union Territory of Delhi and other concerned or institutions.

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**Sub : ICDS Scheme—Implementation of**

I am directed to refer to this Department's letter No 11-3/75-CD dated 5th November, 75 on the above subject and to forward herewith a copy of Shri. P.K. Dhingra Tech. Advisor to the Department of Food (Ministry of Agriculture & Irrigation) D.O. letter 28/14/75- FNB-II, dated



28 November, 1975, issued to their Tech. advisers in their various regions for favour of information and necessary action.

28th Nov., 75.

D.O. No. 28/14/75-FNB II

1. Dear Dr. Dutta,
2. Dear Shri Sur,
3. Dear Shri Shankar,
4. Dear Shri Subramaniam,

As already intimated to you vide this Department letter of even number dated 3rd September, 1975 we are required to extend the activities of the mobile food & nutrition vans to the project areas where the ICDS Scheme has been introduced by the Department of Social Welfare. A copy of the brochure giving details of the scheme, staffing pattern and the coordination committees set up at different levels to ensure smooth working of the scheme has also been sent to you. The revised upto date list of the ICDS blocks along with list of the training centres selected for training of Anganwadi Workers has also been forwarded by Dr. Phatak vide his d.o. of even number dated 14.11.75.

I would like to clarify that our exact role in the ICDS programme would be limited to nutrition extension only e.i. the mobile vans would continue to follow the group demonstration technique of lecture-cum practical demonstration of nutrition recipes utilising the locally available nutritious foods. The C.D.P.O./B.D.O. of the block would be the contact point for purpose of arrangement of suitable groups and for determining the content of the programme required for the group. It is likely that in some of the blocks the C.D.P.O. may not be in position so far. In such cases the B.D.O. of the concerned block can be contacted and programmes undertaken. The entire emphasis has to be on the proper utilisation of locally available foods in improving the nutritional status of the community. The importance of improved cooking techniques, personal as well as environmental hygiene have also to be brought home to the people. The mobile vans are not required to organise regular training programmes for the I.C.D.S. personnel unless specifically required as arrangements for training and syllabi for training of workers at different level has separately been arranged by the Department of Social Welfare. Similarly programmes on techniques of home scale preservation of fruits and vegetables have to be avoided unless specifically needed by the participants. The use of audiovisual aids has however to be made extensively to deliver the message of nutrition education and importance of proper cooking for improvement in nutrition. The mobile vans would thus continue to carry out their functions in the normal manner with greater emphasis on

utilisation of locally available foods which would also have to be listed & checked for their nutritive value and eating practices before their demonstration. Efforts would be made to cover as large a population of the project areas as possible.

I have tried to clarify this only to avoid any overlepping of our functions with the functions of other personnel of ICDS Scheme who are concerned with delivery of services connected with nutrition component of the scheme and to remove any doubts in the mind of our field workers who would be actually carrying out this programme.

Besides the coordination committees constituted at district, State level etc, the coordination Committee at the centre had met on 6-11-75 to review the progress of the action taken by various Departments in implementation of the scheme. As we shall have to apprise them about the action taken by us from time to time it would be desirable if a separate report about the activities of the mobile van in the ICDS blocks is sent to us regularly, say every month for our information.

Yours sincerely,

Sd/-

(P.K. DHINGRA)

1. Dr. R.N. Dutta, Dy. Tech. Adviser,  
Southern Region, Min. of Agri.  
Deptt. of Food, Shastri Bhavan,  
35-Haddows Road, Madras-6.
2. Shri S.K. Sur, Dy. Tech. Adviser,  
Eastern Region, 8-Esplanade East,  
Calcutta-1.
3. Shri B.N. Shankar,  
Dy. Technical Adviser,  
Western Region, Ministry Bhavan,  
3rd Floor, Dinshaw Wachha Road,  
Churchgate, Bombay-20.
4. Shri T.V. Subramaniam,  
Dy. Tech. Adviser, Northern Region,  
Jamnagar House, Barrack No. 10,  
New Delhi-11.

Copy to Shri M.S. Dayal, Director (CD), Department of Social Welfare, Shastri Bhavan, New Delhi for information.

Sd/-

(P.K. DHINGRA)

DY. TECHNICAL ADVISER

Copy of the letter No. 1-9/75-CD dated 15 December 1975 from the Department of Social Welfare, Government of India, to the State Governments and the Union Territory of Delhi.

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**Subject : Correspondence relating to ICDS.**

Detailed instructions/guidelines regarding the implementation of the ICDS scheme and the newly sanctioned scheme of Functional Literacy for Adult Women are being sent from time to time. Till recently, these instructions/guidelines were being sent to the State Departments handling the ICDS scheme. However, it has been represented by some States that considerable time is lost in duplicating these instructions/guidelines at the State level in order to forward copies of these instructions/guidelines to the concerned Departments/officers at the State Government level, the departmental level and the field levels. A request has also been made to this Department that copies of such instructions/guidelines may be endorsed to all the concerned Departments/officers at various levels in the State Government. This Department, therefore, started endorsing copies of such general instructions-guidelines to the Collectors/BDOs/CDPOs of the project areas. However, this may not serve the purpose. It is, therefore, requested that a complete mailing list, including the departments/officers to whom copies of common instructions/guidelines relating to ICDS should be endorsed by this Department, may be sent to this Department immediately. On receipt of this mailing list, we would start endorsing copies to the concerned Departments/officers at all levels simultaneously. This would avoid delay involved in the process of duplication at the State/regional/district levels.

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Copy of the letter No. 11-5/75-CD dated 16, December, 75 from the Department of Social Welfare, Government of India to the State Governments and the Union Territory of Delhi.

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**Subject : ICDS Scheme—Water supply arrangements in the project areas under.**

I am directed to state that the Integrated Child Development Services Scheme, aims at the betterment of the nutritional and health status of preschool children and expectant and nursing mothers and providing them an integrated delivery of certain services viz. supplementary nutrition, immunisation, health check-up, referral services, non-formal preschool education and health and nutrition education. These services will not be able to make the desired impact on the health



and nutritional status of the children unless the basic requirement of safe drinking water is met. The supply of safe drinking water through overhead tanks and public water taps/or domestic connections to the beneficiaries in the villages of the ICDS Projects will require huge amounts and this may not be feasible in the near future. There should, therefore, be a reasonable source of safe drinking water in every village. In the villages, which have not been provided with overhead tanks with piped water supply or other proper arrangements, it has to be assessed whether any source of safe potable water exists. For example, there may be a dug well which could be utilised to supply safe drinking water by using bleaching powder or some other purifying agent. It is, therefore, requested that the details of those villages in the ICDS Projects which do not have any source of safe drinking water along with the number of beneficiaries etc. may please be collected and the matter taken up with the concerned State Deptt. immediately so as to enable this Deptt. to provide alternates; safe drinking water arrangements in the most economical and feasible manner. This department may please be informed about the number of villages, which do not have any source of safe drinking water, and the measures being taken to provide safe drinking water in those villages.

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Copy of the letter No. F. 3-2/75-CD dated 17, December, 75 from the Department of Social Welfare, Government of India, to the State Governments and the Union Territory of Delhi.

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#### **Subject : ICDS Scheme-Implementation of**

I am directed to say that this Department had been issuing general instructions on the modality of implementation of the ICDS Scheme and also regarding the appointments of personnel required for the purpose. In this regard we had also requested for feed-back of information on several points. Except for a few points at random, the information called for is generally wanting. In order to enable the Department to keep watch on the progress of the implementation of the scheme, it is essential that the Department is kept informed of the action taken at your end. It is accordingly requested that information on the following points may be furnished to this Department immediately :

- i) The present position of the appointments of staff viz. C.D.P.O./Supervisors/Anganwadis workers etc. for the ICDS Project(s) allocated to them. The names & addresses of CDPOs and Supervisors may also please be intimated, as per specimen proforma enclosed.
- ii) The arrangements made for the training of the Anganwadi Workers at the respective earmarked Training Centre with number of Anganwadis workers sent for training.

iii) The printing of Health Cards (One set of seven cards already supplied), as per requirements of the State Govt. is to be finalised. The information called as under may be furnished :

- a) whether the State Govt. would like to get all these cards or any of the cards, printed in English or Hindi;
  - b) whether the State Govt. would like to get these cards printed into regional languages, if so, the arrangement for the printing of these cards, may be finalised by the State Govt. and the cost of printing may be debited to ICDS funds already released by Central Govt. and the name & address of the consignee be sent to this Deptt. as well as UNICEF for supply of printing papers direct to consignee. The names of cards to be got printed in regional languages may also be indicated to enable us to estimate the paper requirements.
- iv) Progress reports on the prescribed proformae have also been called for in this Deptt. wide letter No. 9-1/75-CD, dated 29.10.75. This may also be looked into and necessary instructions issued to all the concerned authorities for the submission of the progress reports etc. in English or Hindi should be submitted to this Department.
- v) Latest of position of appointment of Health Staff at PHCs/Sub Centres connected with ICDS.
- vi) The requirements of the State Govt. for the following items may be worked out and furnished to this Department.
- a) Cycles/Mopeds for supervisors/Anganwadis, workers ANMS etc.
  - b) Typewriters for CDPOs etc. (in English or Hindi), if any.
- vii) The UNICEF will be providing the following inputs for the ICDS Projects.
- a) Supplies and equipment required for the training centres;
  - b) Training media package.
  - c) Equipment for PHCs/Sub-centres
  - d) Refrigerators for PHCs/sub-centres.
  - e) Immunisation kits for health workers
  - f) Weighing scales for PHCs and health centres/sub-centres.

g) Vehicle for CDPO

h) Any other inputs that may be negotiated between Govt. of India and UNICEF.

It was explained in our letter referred to above that the UNICEF Field Officers will be contacting the concerned State Govt. officials in connection with supply of the above items and it is hoped that UNICEF officials might have contacted the State Govt. officials in the matter and settled the supply of these items. It will be appreciated if the State Govt. apprises this Deptt. with the latest supply position from the UNICEF. If any equipment for any training institution under ICDS is required, the details with specifications of such equipment alongwith the name and address of the head of the training institute may be intimated to this Department for further consideration.

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Copy of the letter No. F. 2-13/75—CD dated 30 December 1975 from the Department of Social Welfare, Government of India, to the State Governments and the Union Territory of Delhi.

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**Subject:—I.C.D. Scheme-Grant of leave to the Anganwadi Workers under—**

I am directed to state that a question of grant of leave to the Anganwadi Workers under the I.C.D.S. Scheme who are honorary workers and not regular Govt. employees, has been raised. After due consideration in this Department, it has been decided that the Anganwadi Workers may be allowed 12 days casual leave during one year and no other kind of leave should be permissible to them. Absence of a worker beyond 12 days in a year should entail a proportionate deduction from his/he honorarium.

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Copy of the letter No. 2-6/75-CD dated 1 January, 1976 from the Department of Social Welfare, Government of India to the State Governments, and the Union Territory of Delhi.

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**Subject : Employment and training of anganwadi workers under the Integrated Child Development Services scheme.**

The training of the first batch of anganwadi workers from the ICDS project areas has already started in most of the States. Originally, a training period of three months was prescribed for training the anganwadi workers under the ICDS scheme. However, subsequently,

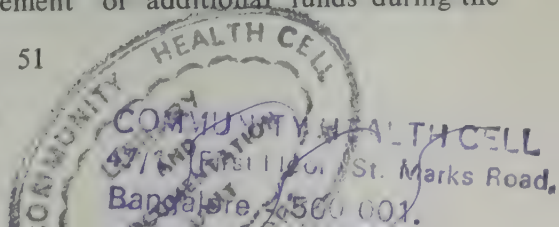


the training period has been extended by one month, as communicated under this Department's letter No. 2-6/75-CD dated 11.12.75 in order to train them for their functions in the implementation of the scheme of Functional Literacy for Adult Women. A copy of the syllabus for the training of anganwadi workers under scheme of Functional Literacy for Adult Women is enclosed see appendix II. Most of the training institutions, which have been selected for the training of anganwadi workers, have been associated with some training programmes in the past, which had some element of non-formal education. However, in order to ensure effective training of anganwadi workers in the conduct of functional literacy classes, it is suggested that some Instructors/experienced persons in the field of functional literacy may be invited as guest lecturers or part time lecturers to train the anganwadi workers. The faculty resources of the training institutions, which are training the anganwadi workers, duly strengthened by inviting part time or guest lecturers from the field of functional literacy, will be able to impart proper training to the anganwadi workers. Such part time lecturers or guest lecturers can be invited from the literacy house, if one exists in the State or from any other appropriate institution in the field of functional literacy. Necessary remuneration to these part time lecturers or guest lecturers may be paid from the funds already released to the State Governments/training institutions for the training of anganwadi workers.

2 As funds have been released to the State Governments/training institutions, to cover the non-recurring expenditure and the recurring expenditure for six months, no shortage of funds should be experienced during the current year. However, as the training of anganwadi workers has now been extended by one month, a period of 8 months will be required to train two batches of anganwadi workers. The stipend at the rate of 75 rupees per month may be continued to be paid to the anganwadi workers for the extended period of training out of the funds already released. Additional funds to meet the expenditure for additional two months on account of the extension of the training period will be made available during the next year.

3. It has been learnt that some training institutions, which are training the anganwadi workers, have sufficient physical facilities to run the courses concurrently. This may be possible with the existing faculty resources or by employing one or two additional instructors for a short period. In those institutions where facilities are available to conduct two training courses simultaneously, the second batch of anganwadi workers may also be selected and deputed for training as early as possible without waiting for completion of the first training course. For this purpose, if necessary, additional instructors (on full time or part time basis, according to need) may be employed for such period as may be necessary to complete the training of anganwadi workers. For this purpose, additional funds may be required during the current year in order to pay the stipend to two batches of anganwadi workers simultaneously. If so, the requirement of additional funds during the

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current year may be communicated as early as possible in order to enable this Department to place additional funds at the disposal of the State Governments/training institutions.

4. In some training institutions, physical facilities do not exist to conduct the training of two batches of anganwadi workers simultaneously. In some of these institutions, it may not be necessary to conduct the training of the second batch of anganwadi workers because a substantial number of additional workers may not be able to run a second course (for instance, if 40 or more workers report from a tribal project for the first training course, the second training course may not be necessary unless the demographic features of such project area require a much larger number of anganwadi centres than shown in the general model of the ICDS scheme). Where a second batch of anganwadi workers is required to be trained, a period of seven working days after the close of the first training course may be given to the training institution for preparing the report on the first training course and the date of commencement of the training of the second batch of anganwadi workers may be fixed accordingly. We are not suggesting a uniform date for commencement of the second batch of the training of anganwadi workers in different training institutions because the training of first batch has commenced on different dates at different institutions and also because some institutions can run two courses simultaneously whereas others cannot. The date of the commencement of the training course for the second batch of anganwadi workers in each training centre may, thus, be worked out by the State Government and necessary action may be taken to select the new anganwadi workers well in time so that they can report in time at each centre.

5. One of the initial tasks of the anganwadi workers would be to carry out a quick simple census of all the families, especially mothers and children in those families, in their respective areas of work. A form in which the census can be carried out is enclosed. It can be translated into the regional language for use by the anganwadi workers. Explanatory notes on the use of the form are also enclosed with the form. After selecting the anganwadi workers for the second batch of training, it would be better if these anganwadi workers are given a brief orientation at the block level in the filling of this form and taking the weight of children so that they can complete the census of their respective areas/villages before they report for training. Completion of this census will facilitate identification of beneficiaries for the supplementary nutrition feeding in the ICDS project areas (this has been explained in the explanatory notes attached to the form). Once the beneficiaries for supplementary nutrition have been identified, the helpers can start the feeding programme and can continue this feeding programme and until the anganwadi workers, duly trained, return and start all the activities contemplated to be conducted at the anganwadi centre under the ICDS scheme. For this purpose, the helpers may be selected and employed along with the anganwadi workers. For taking the

weight of children weighing scales will be required. Some weighing scales may be available locally in the PHC/hospital/sub-centres. One weighing scale is to be supplied to each anganwadi centre/ANM/Mukhyasevika by UNICEF. The local UNICEF representative may be requested to expedite the delivery of the weighing scales. However, it is felt that for the initial weighment of pre-school children for the purpose of identification of beneficiaries, some local arrangement can be made by obtaining a few weighing scales.

6. If the suggestion made in the preceding paragraph is implemented expeditiously, supplementary feeding can be started in about half of the ICDS project areas at an early date. However, in those areas/villages, the anganwadi workers from which are undergoing training in the various institutions at present, it will not be possible to start the supplementary feeding programme until a survey is made and the beneficiaries are identified. When the trained anganwadi workers return from the training centres to their areas/villages, they will conduct the quick census of their respective areas/villages. This will include identification of the beneficiaries for the supplementary feeding. These trained workers will be able to start all the activities along with supplementary feeding in their respective centres.

7. The State Governments may please ensure provision of sufficient funds to the respective field officers for the supplementary nutrition component in the ICDS scheme because the expenditure on this component is to be met from the provision under the Minimum Needs Programme. In respect of project areas where CARE or WFP food commodities are to be used for supplementary nutrition, the State Governments have to provide sufficient funds for meeting the transport and administrative expenses for the utilisation of such food commodities.

8. It is requested that this Department may be kept informed of the action taken to start the training of the second batch of anganwadi workers and the commencement of the supplementary nutrition feeding in the ICDS project areas as indicated above.

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Copy of the letter No. 1-9/75-CD dated 2 January 1976, from the Department of Social Welfare, Government of India, of the State Governments and the Union Territory of Delhi

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**Subject : Information about ICDS project areas for the purpose of training of anganwadi workers.**

The effective implementation of the ICDS programme depends, to a considerably extent, on the proper training of the anganwadi workers who are the village level functionaries for the delivery of the ICDS package of services to pre-school children, pregnant and nursing mothers.



Training in health and nutrition is an important component of the training programme of anganwadi workers. However, health and nutritional problems differ from area to area. The training of anganwadi workers would be effective if it is related to the special health and nutrition problems of each ICDS project area. The training institutions can relate their training programme for anganwadi workers to the special needs of the particular ICDS project areas, from which the anganwadi workers have been sent for training in each training institution, if sufficient background information relating to the demographic, educational, health, nutrition, agricultural and socio-economic profile as well as the existing governmental, voluntary and physical infra-structure of the project area is available to each training institution. It has, however, come to the notice of this Department that the training institutions do not have sufficient background data about the respective ICDS project areas, from which the anganwadi workers have come for training, and these institutions cannot, therefore, effectively relate their training programme to the special needs of the respective ICDS project areas. This Department had sent a form (copy enclosed for ready reference)\* to all State Governments, with copies to the BDOS/CDPOs of the ICDS project areas, under this Department's letter No. 9-1/75--CD dated 25 Oct. 1975, with a request that a project report containing the background data about each ICDS project area may be sent to this Department expeditiously. However, reports from most of the project areas are still awaited. This information would be of considerable use to the training institutions. The training of the first batch of anganwadi workers is still in progress and will come to a close in February/March 1976. In some institutions, where the training started late, the training of first batch may extend beyond March 1976. It is suggested that one or two Instructors from each training institution may visit the respective ICDS project area, collect necessary background information about the project area from the concerned officers at the block/project level, discuss with the block/project officials any special problems or features of the ICDS project areas, and make full use of such information and discussions in the training of anganwadi workers during the remaining period of training. The expenditure on the TA/DA of Instructors visiting the ICDS project areas for this purpose can be met from the grants already released to the State Governments/training institutions for the purpose of organising the training of anganwadi workers in various training institutions.

\*Deleted. See appendices

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Copy of the letter No. F-11-4/75-CD dated 5 January 76 from the Department of Social Welfare, Government of India, to the State Governments and the Union Territory of Delhi.

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**Subject : Role of the BDO in the implementation of ICDS Scheme**

The question of the role of BDO in the implementation of the

ICDS scheme in the rural/tribal areas was discussed at the workshops for the State level officers in charge of the Gramsevika Training Programme and the State level officers in charge of ICDS projects and the orientation/training courses for the BODs and Instructors of the training institution selected for the training of anganwadi workers. This question was also discussed at inter-departmental meetings at the Central Government level. After considering the various views expressed at different forums, the following clarifications are issued with a view to facilitating the appropriate decisions by State Governments regarding the role of the BDO and the administrative relationship between the BDO and the CDPO.

- a) The CDPO should be an integral part of Block team.
- b) It was mentioned in paragraph 5 (b) (ii) of this Department's letter No. 6-11/75-NCD dated 1 August 1975 that the pay scale of the CDPO shall be the same as that of the BDO. However, there would be no objection if the State Government wants to appoint the CDPO in a scale lower than that of the BDO. Wherever the scale of the CDPO is the same as that of the BDO, the CDPO should preferably be an officer who is junior to the BDO.
- c) Where the BDO (or the officer in charge of the block, by whatever designation he is known) is of the rank of Assistant/Deputy Collector or where the scale of the CDPO is lower than that of the BDO, there would be no objection to making the CDPO administratively subordinate to the BDO. If the pay scale of the CDPO is the same as that of the BDO, the BDO, who has the overall responsibility for the ICDS scheme as in case of other schemes at the block level, should be a senior officer as compared to the CDPO.
- d) The State Government may consider declaring the CDPO as the Drawing and Disbursing Officer for the ICDS scheme (excluding the health inputs for which the drawing and disbursing officer may be the same as the existing drawing disbursing for PHC staff). However, keeping in view the technical background of CDPO and lack of knowledge of administration and accounts of the CDPO or due to his junior status or for other administrative reasons, it is for the State Government to decide whether in each given Project area, the BDO or the CDPO should be the drawing and disbursing officer.
- e) A question has often been raised as to who should write the confidential report of the CDPO. As the administrative set-up differs from State, to State, it is not possible to give any general guideline in this regard. The State Government may decide this issue in the light of its own administrative set-up and issue necessary instructions to the concerned officers.
- f) The role of the BDO in the implementation of ICDS scheme is explained in the enclosed note. It is envisaged that the BDO will play the role of a friend, philosopher and guide to the CDPO in the implementation of the scheme at the block level.

1. This letter issues with the concurrence of the Department of Rural Development, Ministry of Agriculture & Irrigation, New Delhi.
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Enclosure to letter No. 11-4/75-CD dated 5-1-76 from the Department of Social Welfare Government of India, to the State Governments and the Union Territory of Delhi.

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#### **Note on the role of the Block Development Officer in the ICDS Scheme**

The Block Development Officer shall have overall authority and responsibility for the implementation of the ICDS Scheme at the Block level. The Child Development Officer, who is the principal executive functionary of the ICDS scheme at the Block level, shall, therefore, work under the general supervision and guidance of the Block Development Officer.

2. The Block Development Officer shall provide office accommodation and secretarial assistance as required for the ICDS establishment, which shall be a part of the BDOs organisation.
3. The BDO will guide the CDPO in the discharge of administrative and financial responsibilities such as maintenance of accounts, disbursement of salaries and honoraria, preparation of budget estimates audit etc.
4. On the basis of the criteria laid down, the BDO will help and guide the Child Development project Officer in the location of the anganwadis in different villages and in arranging accommodation for these anganwadis.
5. The BDO will help promote, activate and strengthen Mahila Mandals in all the villages in the Block and ensure their participation in the implementation of the ICDS scheme at village level.
6. The BDO will assist the CDPO in arranging for the meeting of the Block level Coordination Committee as and when called for.
7. The BDO will take steps to bring out inter-departmental understanding/cooperation and coordination at the block level with a view to delivering the package of services under the ICDS scheme to the target groups.
8. The BDO should ensure participation/assistance of other Extension Officers of the Block in the implementation of the ICDS scheme.
9. The BDO will invite the CDPO whenever he takes meetings of the block staff, so that the CDPO also gets familiarised with the working of panchayati raj institutions, as relevant to the ICDS project.



10. Where voluntary agencies like Manila Mandals are not forthcoming in any village for running anganwadis, the BDO will use his good offices and ensure that this responsibility is taken by the Panchayat Committee concerned.
11. The BDO will help the CDPO in securing assistance and coordination of the medical and pra-medical staff at the PHC centres.
12. The BDO will obtain from the CDPO periodical reports on the implementation of the scheme and place them before the panchayati raj bodies for consideration and suggestions.
13. In order to enable the BDO to maintain a general watch over the progress in implementation of the ICDS scheme, the CDPO shall submit a copy of his monthly tour programme to the BDO on or before the fifth of the month. On these tour programme the BDO shall be competent to tender such advice as he deems appropriate for the guidance of the CDPO.
14. In short, the BDO will act as a friend, philosopher and guide to the CDPO in the implementation of the scheme at the block level.

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Copy of the letter No. 7-5/75-CD dated 23 January 76 from the Department of Social Welfare, Government of India, to the State Governments and the Union Territory of Delhi.

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**Subject : T.A. Stipends etc. paid to Anganwadi workers during their training.**

I am directed to refer to para 4 H\* of this Department's letter No. 6-11-75-NCD dated the 21st July, 1975 wherein it has been mentioned that the entire cost of training of Anganwadi workers will be borne by the Government of India. UNICEF has also agreed to re-imburse the cost of a number of items connected with the training of Anganwadi workers. In order that the re-imbursement from UNICEF may not be delayed. I am sending to you herewith 4 copies of the proforma which may kindly be sent to each training institution who may fill it up after the end of each training course and send that to us directly. This information is altogether different and separate from the audited statement of expenditure to be sent by the training institutions for the expenditure incurred by them on training of Anganwadi workers. I would, request that you may please emphasise upon the training institution to fill up this proforma regularly and send it to us within a week of the closing of a training course.

Copy of the proforma is also sent directly to the training institution for their information.

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\*Not reproduced in this compilation.

## Report on expenditure incurred by training institution for the training of anganwadi workers

1. Name of the Training Institution :
2. No. of the training course for Anganwadi workers (strike off the words not applicable); First/Second/Third
3. Date of commencement of the course
4. Date of completion of the course
5. Expenditure;

<i>Item</i>	<i>Amount spent (in rupees)</i>
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Salaries and allowances to  
Instructors and Peon (including full/  
Part-time Instructors if any/  
and Peon/Chowkidar.

Honoraria to Visiting/Instructors/  
Guest Speakers

Rent for building

Material for preparation o  
kits for Anganwadi workers  
(as per annexure)

Equipment (give details of  
equipment purchased)

Furniture (give details of  
furniture purchased)

Books and periodicals for  
the Library

Conveyance charges for  
field visits.

Other items (Specify)

Signature of Supervisor

## ANNEXURE

S. No.	Name of Anganwadi workers	Date of joining	Date of leaving the train- ing	Amount of stipend paid to her during the train- ing period	Signature of Anganwadi workers	Re- marks
1	2	3	4	5	6	7

Signature of Supervisor  
(or Chief Instructor)



Copy of the D.O. letter No. 1-1/76 Res PREM dated 29 January 76 from the Department of Social Welfare, Government of India to the State Governments regarding the role of medical Colleges under ICDS.

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### **Subject : Role of Medical Colleges Under ICDS**

The Department of Social welfare is implementing an integrated child development services scheme in different parts of the country with the following objectives :

- (1) Improvement in the nutritional and health status of children in age group 0-6 years, and nursing and expectant mothers;
- (2) Reduction in the incidences of mortality, morbidity, malnutrition and school dropout;
- (3) Coordination of policy and implementation among various departments in promoting child development; and
- (4) Enhancement of the capacity of the mother for child care through proper nutrition and health education.

The scheme has been launched in the current financial year on an experimental basis in 33 project areas of which 10 are in tribal areas, 19 in rural areas and 4 in urban areas\*<sup>1</sup>.

I. Extension of the scheme to other areas will be considered on the basis of the evaluation of these experimental projects.

2. Under the scheme, a package of services covering supplementary nutrition, immunisation, health check-up, referral services, nutrition and health education, and non-formal pre-school education will be given to the target groups. Details of these services, beneficiaries, functional responsibility, administrative arrangement, etc., are given in the booklet enclosed\*<sup>2</sup>.

3. You will notice from the details of the services provided in the booklet that health and nutrition form the important components of the programme. It is obvious that Medical Institutions have to play a key role in the development of the I.C.D.S. programme in India and their participation will help in attaining the goal of community medicine.

4. It has been proposed that each project block should be entrusted to the nearest Medical College for purpose of bench mark survey and unbiased assessment of the effectiveness of the ICDS programme which will help the Department in modifying the programme, if necessary for

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\*1 See appendices

\*2 Deleted as the booklet has already been supplied to all concerned.

extending maximum benefit to the community. You will be glad to know that a meeting was held in the Department of Social Welfare on 19th January, 1976 to consider this matter in which Prof. Tandon of All-India Institute of Medical Sciences, Dr. N.P. Rao of National Institute of Nutrition, Hyderabad and Prof. K. Haldar of All India Institute of Hygiene and Public Health, Calcutta participated. The following suggestions were made in this meeting by the experts :

(1) For bench mark survey and monitoring of the scheme in each area, the nearest medical college will be requested to participate. A provisional list has been prepared for assignment of project areas to the medical colleges for this work\*. Wherever the help of medical colleges is not available because of distance or other factors, the cooperation of the State Directorate of Health Services or some other suitable agency will be obtained. Medical college are being requested to participate to play two important roles.

(i) help the implementation of the ICDS programme by doing bench mark survey and periodical evaluation and

(2) on the basis of the above observation suggest necessary improvement for the programme.

(II) The 33 project areas will be divided into 3 zones and the coordination of work in each zone will be done by three institutions, i.e. the All India Institute of Medical Sciences, New Delhi; the National Institute of Hygiene and Public Health, Calcutta.

(III) A workshop will be held in Delhi of representatives of all the participating colleges/institutions to finalise the details for carrying out the work which should begin before the end of the current financial year.

(IV) A grant will be given by the Department of Social Welfare to the three coordinating institutions who, in turn, will reimburse the expenditure of the participating medical colleges to cover P.O.L., stationery, contingency, etc.

(V) The participating medical colleges will extend the services of their students in carrying out of the nutritional and health status survey etc., of about 10 per cent of the area.

5. I now approaching you with a request to extend your valuable cooperation in this work and to kindly agree to take up the work in block situated in the neighbourhood of your institution. I would also request you to nominate a person, preferably from the Department of Paediatrics or Social and Preventive Medicine, of your institution who have a special liking for doing field work and can work as the leader of a team to accomplish this work. The name of the person nominated for

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\* See appendices

the purpose, may kindly be telegraphed, to this Department before 5th February, 1976. The person so nominated *may be permitted to participate in a workshop that we are organising on 18th and 19th February, 1976, at the All-India Institute of Medical Sciences, Ansari Nagar, New Delhi with the following objectives in view :*

- (i) To discuss the plan for bench mark survey and periodical evaluation,
- (ii) to finalise the tools and techniques for data collection, their analysis, interpretation and reporting format;
- (iii) to assess financial and other requirements; and
- (iv) any other matter having a bearing on the subject.

6. T.A. and D.A. will be paid to the participant as per Government rules, a copy of which is enclosed.

7. The agenda for the workshop and the documentation will be sent shortly. In case it is necessary to arrange for the accommodation of the participant, this may please be communicated.

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Copy of the letter No. 2-7/75-CD dated 2 February 76 from the Department of Social Welfare, Government of India, to the State Governments and the Union Territory of Delhi.

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**Subject : Training of anganwadi workers—preparation of kits.**

The schematic pattern for the training of anganwadi workers envisages an amount of Rs. 30/- per anganwadi worker for the preparation of kit. This kit includes pictures, charts, diagrams etc. which an anganwadi worker has to prepare during the training period and which she has to carry with herself when she goes back to her work after the training. This kit is to be used by the anganwadi worker in the non-formal education of pre-school children as well as in imparting health and nutrition education to women. While releasing grant to the State Governments, Indian Council for Child Welfare and Bhartiya Adimjati Sevak Sangh for training centres, the amount for the preparation of the kit has not been calculated at the rate of Rs. 30/- per anganwadi worker. The amount actually shown against the item of "preparation of BST kits" is much less. However, the training of anganwadi workers has been extended by one month in order to train them as teachers of functional literacy classes. Thus, the training period for the anganwadi workers has been increased from 3 months to 4 months. The expenditure on salaries, allowances, honoraria, stipend etc. will, therefore, have to be incurred



for a period of four months for each batch of anganwadi workers. Wherever two or more batches of anganwadi workers are required to be trained at one training centre, the excess requirement of funds for the training centre may be communicated immediately so that additional funds may be made available with the commencement of the next financial year. In some training centres, a second batch of anganwadi workers will not come for training because the workers in the first batch will meet the requirement of workers in the concerned ICDS project area. In such cases there will be savings because funds were initially released for a period of six months. Savings may also be due to the fact that expenditure on non-recurring items may be less than the amount released for each training centre because many of these training centres already have a lot of equipment and other materials for conducting training. The savings in respect of such training centres may be communicated to this Department and surrendered to the Central Government at an early date.

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Copy of the letter No. 2-7/75-CD dated 3. February, 76 from the Department of Social Welfare, Government of India to the State Governments and the Union Territory of Delhi.

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**Subject :—Employment of trained Balsevikas as anganwadi workers in the ICDS projects.**

It has been brought to the notice of the Central Government that in many places trained *balsevikas* are available to work as *anganwadi* workers in the ICDS project areas. It has also been clarified please refer to paragraphs 25 of the ICDS scheme) that *anganwadis* can be started wherever trained *balsevikas* are readily available to work as *anganwadi* workers. in case of the trained *balsevika* belongs to a village other than the one in which she has to work, she can be employed provided the following conditions are satisfied :

- a) There is no problem regarding her accommodation;
- b) adequate protection is provided to her;
- c) she is acceptable in the community;
- d) the honorarium will not exceed Rs. 150/- per month.

Subject to the foregoing conditions, there is no objection to the employment of the trained *balsevikas* as *anganwadi* workers.

Copy of the letter No. 7-5/75 dated 7 February 1976 from the Department of Social Welfare, Government of India, to the State Governments, Union Territory of Delhi and the concerned organizations/institutions.

**Subject :—T.A., Stipend etc, paid to Anganwadi Workers during training—**

In continuation of this Department letter No. 7-5/75-CD dated 23 January 1976 on the above subject, I am directed to forward herewith a proforma on which the information regarding expenditure incurred on TA etc. of Anganwadi Workers is required to be furnished by the Block Development Officers or Child Development Project Officers. It may be emphasised upon the child Development Project Officers, to fill up this proforma regularly and send it to us within a week after the conclusion of each training course for Anganwadi workers to enable this Department to claim reimbursement from UNICEF.

Copy of the proforma is also being sent to BDOs/CDPOs etc. direct for their information and necessary action.

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**Proforma on expenditure incurred on TA/Stipends etc. by State Government for training of Anganwadi Workers under ICDS at the Training Centre**

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S. No.	Name of Anganwadi Workers	Date of leaving for training centres	Date of return from training centre	Mode of travel	Total Expenditure on travel both ways	Remarks
1.	2.	3.	4.	5.	6.	7.

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Signature  
CDPO (or BDO)

Copy of the letter No. 9-12/75-CD dated 13 February 76 from the Department of Social Welfare, Government of India, to the State Governments and the Union Territory of Delhi.

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**Subject : Progress reports under the schemes of ICDS and Functional Literacy for Adult Women.**

1. Copies of the following documents are enclosed :<sup>\*1</sup>
  - a) Form of monthly progress report to be submitted by the Child Development Project Officer.
  - b) Form of monthly progress report to be given by the anganwadi worker to the Child Development Project Officer.
  - c) Guide book for anganwadi workers.
2. The monthly progress report of the Child Development Project Officer (CDPO) consists of Seven parts (A to G), Parts A to F are to be filled every month; Part G is to be filled on a quarterly basis along with the monthly report for March, June, September and December every year. Sufficient copies of the form are being sent to the CDPO of each ICDS project so that the forms are not required to be retyped or cyclostyled at the project level. Wherever necessary, the CDPO can add blank sheets to give additional information. The CDPO should send one copy of the report direct to Director (CD), Department of Social Welfare, Government of India, Shastri Bhavan, New Delhi by the 15th of the month following the month under report. The report sent to the Government of India should be in Hindi or English. In order to fill the monthly progress report, the CDPO will have to collect some information from the Primary Health Centre. He will also have to obtain monthly progress reports from the anganwadi workers in order to compile and complete his monthly report. Stress should be laid on the timely submission of the monthly progress reports by the CDPO. Until the CDPO is appointed, these reports may be submitted by the officer in charge of the programme. If collection and compilation of any information takes more time, the report should still be sent by the 15th of the month subsequent to the month under report, containing as much information as is available, and the remaining information should be sent subsequently.

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<sup>\*1</sup> For a) and b) see appendices. For c) the book is published by the NIPCCD New Delhi and shall be available for distribution shortly.



3. The form of monthly progress report, to be submitted by the anganwadi worker to the CDPO, may be translated into the local language by the CDPO. Copies of the form in the local language may be supplied to the anganwadi workers. It is possible that anganwadi workers may not have any information to give in respect of certain items in the form (e.g. if they are entrusted with any expenditure directly, information in column 5 of this form will be nil). The anganwadi workers will be able to give the report in the prescribed form without any difficulty if they properly maintain the forms and registers which are to be maintained by them.
4. The copies of the forms and registers, which are required to be maintained by the anganwadi workers may also be translated into the local language by the CDPO. Generally speaking, it may not be necessary to print the registers to be maintained by the anganwadi workers. Plain registers and notebooks can be supplied to them and the necessary columns may be drawn manually in these registers and notebooks. For maintaining the attendance of beneficiaries of supplementary nutrition, children receiving non-formal pre-school education (3 years and above but below 6 years) and adult women attending the functional literacy classes, printed registers, which are used as attendance registers in the schools, are generally available and the same registers can be supplied to the anganwadi workers for this purpose. The expenditure on forms and registers to be supplied to the anganwadi workers as well as the registers to be maintained by the CDPO and the Mukhyasevika can be met from within the funds released to the State Governments for ICDS and Functional Literacy schemes.
5. A copy of the guide book for anganwadi workers is also enclosed.\*2 This guide book contains copies of the various health and nutrition cards, forms and registers to be maintained by the anganwadi workers and the monthly progress report of the anganwadi workers. This Department is getting the English and Hindi versions of this guide book printed. If copies of the guide book in English and/or Hindi are required by the State Government for the Government, regional, District and project levels, the number of copies required may be communicated to this Department immediately. It is suggested that this guide book may be translated into the local language and, if necessary, may be adapted to suit local conditions. Copies of the regional version of this guide book may be got cyclostyled or printed and supplied to the anganwadi workers. The expenditure on this can be met from the overall funds released to the States for the ICDS and Functional Literacy schemes.
6. Copies of this letter are being endorsed to the concerned officers at the regional, district and project levels.

Copy of the letter No. 1-1/76-CD dated 3 March 76 from the Department of Social Welfare, Government of India, to the State Governments and the Union Territory of Delhi.

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**Subject :—Strengthening of Primary Health Infrastructure in ICDS project areas**

The ICDS project envisages strengthening of the primary health infrastructure in the experimental ICDS project areas with a view to ensuring the Health care of all children and mothers. As part of this strengthening of the primary health infrastructure, additional posts of ANM have been allowed from the ICDS budget to that there is at least one ANMs for a population unit of 5,000 in each ICDS project area. During the review of a few ICDS projects certain point were raised by the State representatives for clarification. As similar questions might have arisen in other States too, these are being clarified in the following paragraphs for general guidance.

2. The additional staff consisting of one Medical Officer, two Lady Health Visitors and a few ANMs (so as to raise the number of ANM to the level of at least one ANM for population unit of 5,000) and additional funds for medicines have been provided from the ICDS budget. These should be treated as an integral part of the primary health infrastructure. The additional posts of M.O., LHVs and ANMS should not be treated as a separate set up for ICDS project. The ICDS scheme envisages delivery of the needed health services to all children and mothers. This, in fact, is the normal work of primary health set up. However, the existing primary health set up is considered inadequate to meet the health needs of all mothers and children. That is why the primary health infrastructure has been strengthened from ICDS budget. The entire project area has to be redistributed amongst all the ANMs (the existing ANMs, the additional ANMs under the Minimum Needs Programmes and under the scheme of integration of health and family planning workers if any, and additional ANMs from ICDS budget).

Similarly, the project area has to be redivided amongst the increased number of LHVs and M.Os. In order to ensure smooth functioning of the total health infrastructure, it is necessary that the administrative control etc., of the additional health staff, provided from the ICDS budget, should be with the same authorities who are having the present administrative control over PHC.

3. It has been brought to notice that some amount is provided for a part-time attendant and for contingencies for each sub-centre in the existing primary health infrastructure. In the ICDS budget, a separate provision for such part-time attendant and con-

tigencies for additional ANMs (sanctioned from the ICDS budget) was not made. However, the expenditure on these items is unavoidable. It is, therefore, clarified that expenditure on part-time attendant and contingencies for each additional ANM from ICDS budget may also be incurred from within the overall funds released to the State Governments for the ICDS project. Efforts should be made to limit the expenditure on part-time attendant and contingencies for ANMs to Rs. 75/- per sub-centre per month (this is exclusive of the rent if a building has to be hired for the sub-centre).

4. Vehicles for the ICDS projects are being provided by UNICEF. The Central Government had however, initially released an amount of Rs. 50,000/- for each ICDS project for the purchase of the vehicle. Later the State Governments were informed not to purchase the vehicle. The State Governments have also been authorised to incur expenditure on certain items, which were not included in the original ICDS budget, out of the savings from the provision made for the purchase of the vehicle and refrigerator as both these items are to be supplied by UNICEF. These items include printing charges for health and nutrition cards, information support to ICDS programmes, TA/DA of the staff going for training and advalorem charges for items supplied by UNICEF etc. The expenditure of items like part-time attendants and contingencies for sub-centres can similarly be met from savings out of the funds originally released for the vehicle and refrigerator as mentioned above.
5. A provision of Rs. 20,000/- per year has been made for POL for each project. The vehicle, being supplied by UNICEF, have been placed at the disposal of CDPOs. It is necessary that the CDPOs should so prepare the tour programmes that their vehicles are available to the Medical Officers of the PHC, whenever necessary. The PHCs generally have only one vehicle. In the ICDS projects, the PHCs will now have, generally speaking, 3 Medical Officers. The provision for POL for the PHC vehicle is limited. It is suggested that an amount of Rs. 6 to 7 thousand out of the provision of Rs. 20,000/- for POL under the ICDS budget may be made available for additional utilisation of PHC vehicle by the Medical Officer so that they can visit the sub-centres and the anganwadis more frequently.
6. Funds for additional health staff sanctioned from ICDS budget, provision for medicines in the ICDS budget, part-time attendants and contingencies for sub-centres, etc., may be made available to the State Health Department. This can be done by authorising the State Health Department to operate on the budget head under which funds are provided for ICDS project or a by placing funds at the disposal of the State Health Department, as may be found convenient by the State Government.



Copy of the letter No. 12-2/76-CD dated 15 March 76 from the Department of Social Welfare, Government of India to State Governments and the Union Territory of Delhi.

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**Subject :—Health and Nutrition Education under ICDS**

Several programmes for improvement of nutritional status of the vulnerable section of the population have been taken up by the Central and the State Governments. These include the Special Nutrition programme, the Balwadi Nutrition Programme, the Mid-day Meals programmes etc. These programmes provide supplementary nutrition feeding to children and pregnant and nursing mothers. Convergence of supporting health services and health and nutrition education can make these programmes very effective in improving the health and nutritional status of the target population. However, it has been the general experience that health and nutrition education of the community has not converged in any substantial measure on any of the group nutrition feeding programmes. The Integrated Child Development Services aim at an integrated delivery of a package of services, which include, amongst other services, the component of health and nutrition education of women. Child care education is the core of health and nutrition education. Guidelines on child care education are enclosed with a request that the messages, included in these guidelines, may be communicated to the community in the ICDS project areas by using various communication media. These guidelines may be brought to the notice of all authorities and agencies concerned with ICDS and various feeding programmes. Copies of this letter along with the guidelines are being endorsed to all the training institutions for the training of personnel under ICDS programmes so that these guidelines are kept in focus in the training programmes of these functionaries

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**\*Guidelines on Child Care Education**

**I Basic messages**

1. Breast feed as long as possible
2. Introduce semi-solid food from five to six months
3. Feed young children three to six times a day
4. Don't reduce food in illness
5. Use the health services available
6. Get children immunized
7. Keep yourself and your surroundings clean;  
drink clean water
8. Have you more than two or three children, two to three years apart

1. Pregnant Mother
  - (i)\* eat more than usual amount of cereal and pulse, and plenty of dark green and yellow vegetables and fruits;
  - (ii) visit PHC doctor/ANM during last three months of pregnancy.
2. New baby
  - (i) Mother's milk is best—don't discard colostrum;
  - (ii) if you feed additional liquids, use a traditional feeding vessel, instead of a spoon.
3. Keep on breast
  - (iii) feeding as long as possible, but this is not sufficient by itself after the age of five to six months.
4. Mothers breast feeding the child :
  - (i) mother should eat more than usual amount of cereal and pulse, and plenty of dark green and yellow vegetables and fruits;
  - (ii) visit the doctor/ANM for check-up.
5. Start semi-solid
 

food (local staple or mashed ready-to-eat foods) after five to six months, and also undiluted cow's milk if you can. Those foods must be prepared carefully. Give what you would normally give later much earlier. as raw vegetables and fruit.

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\* Give examples of particular cereals, pulses and vegetables, and methods for their preparation. If it is customary to eat animal foods such as eggs, meat or fish, and these can be readily obtained, they should be referred to.

6. As the Child grows, amount and variety of foods should be increased. By the time he is a year old he should be fed similar foods as are given to the rest of the family—cereal, pulses, green vegetables, perhaps supplemented by processed ready-to-eat foods—but in order to get as much as he needs he should be fed these solid foods three or four times a day.
7. When you are unable to feed the child with your own milk, solid food (which may include supplementary ready-to eat foods) should be given five or six times a day. Also, if possible, undiluted cows' or buffalo's milk or Milktone. (Milktone is 50 per cent milk and 50 per cent milk extracted from vegetable sources).
8. Do not use excessive water for cooking rice and vegetables. If you drain the water after cooking do not discard it; it is good for you and should be consumed.
9. To prevent the child from getting some diseases he should be immunized. This will probably make him a little ill, but will prevent him from getting terrible scars later and perhaps dying.
10. To prevent him from getting other diseases he should be kept clean and his surroundings should be as clean as possible. Don't's spit or cough at or near him.
11. Do not let excreta lie around where your baby may be playing. Remove it quickly to a place outside his reach. After baby defecates, wash him clean



with soap and wash your hands. Your child may get sick if he puts dirty hands in his mouth.

12. Hands should be washed before eating and before preparing food, and before holding and feeding the baby.
13. Kitchen and feeding utensils should be kept clean and not allowed to attract flies. Flies means dirt and dirt means danger.
14. Food should be kept covered from flies and dust.
15. Only the safest available water should be drunk. @  
A child needs plenty of water.
16. Learn to recognize signs of common diseases : £  
cough, diarrhoea-dehydration fever, running ear, skin diseases, sore eyes, and poor sight. Learn their management and how to deal with accidents in the home and when to seek advice from ANM/doctor.
17. When the child is ill with fever or diarrhoea continues \*1  
to feed him as before—but you may have to prepare the food more appetisingly. You may have to force him a little. He will get better quicker if he eats plenty of cereal, pulses, green vegetables etc.

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@ Source of this water to be discussed in detail with women by those who are communicating child care messages.

(i) If there are local schemes for the provision of Vitamins A capsules, or iron/folic acid tablets, explain how these can be obtained, and why.

(ii) If rickets is a problem (parts of central India) explain importance of allowing child some exposure to sunlight.

\*1 Give examples of particular cereals, pulses and vegetables, and methods for their preparation. If it is customary to eat animal foods such as eggs, meat or fish, and these can be readily obtained, they should be referred to.

18. Encourage the child to play with simple household articles and things he can gather in the neighbourhood.
19. Children cared for in this way are likely to be alert and curious and grow well. \*2
20. Children cared for in this way are likely to survive much better than those who are not. You may not want so many children family planning can show you how to achieve this, and how to space those you do have by two to three years.

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\*2 "and grow well"—If the mother is likely to come in contact with a centre using health record/weight charts, these should be referred to and explained.

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Copy of the letter No. 1-3/76—CD dated 19 March 1976 from the Department of Social Welfare, Government of India to the State Governments and Union Territory of Delhi.

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**Subject : Office Accommodation for CDPO**

References have been received from several States about the difficulties in accommodating the office of the CDPO in the block office. The CDPO's establishment has to be treated as an integral part of the block organisation. Maximum effort should, therefore, be made to accommodate the CDPO's establishment in the block office accommodation. However, if it is impossible to accommodate the CDPO and his staff in the block building, efforts should be made to locate the CDPO and his establishment in any other Government building where the accommodation may be available. If this too is not possible, the office accommodation for the CDPO and his staff may be taken on rent. For this purpose, relevant rules of the State Government regarding scale of accommodation and rent will be applicable. The expenditure on rent can be met from the grants released to the State Governments for the ICDS scheme.

Copy of the letter No. 7-3/76—CD dated 27 March 1976 from the Department of Social Welfare, Government of India to the State Governments and the Union Territory of Delhi.

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**Subject ;—Equipment for training centres selected for the training of anganwadi workers.**

Some training institutions run by the State Governments, Indian Council for Child Welfare and Bharatiya Adimjati Sewak Sangh were selected for the training of anganwadi workers from the 33 experimental ICDS project areas. Grants for meeting the initial six month's expenditure in these training institutions were also released to the State Governments, JCCW and BASS respectively. These grants include an amount of Rs. 15,000/- for the purchase of equipment, furniture etc., at the rate of Rs. 15,000/- per training institution. Specific references were received in respect of some training institutions for purchase of some office equipment etc. These proposals were examined and necessary approvals were given to the State Governments or the concerned organisations. In respect of many other institutions, items of equipment and furniture might have been purchased as per requirement. In respect of some institutions, the requirement of equipment has not yet been fully satisfied.

2. Reference is invited to this Department's letter No.7-3/75—CD dated 4-11-75 regarding UNICEF assistance for ICDS projects. UNICEF will be providing, in addition to other inputs, supplies and equipment required for training institutions which have been entrusted with ICDS training programmes. An ad hoc provision of Rs. 10,000/- per training centre has been kept apart by UNICEF for this purpose.

3. It is necessary that the existing facilities in the selected training institutions should be improved in such a manner that these institutions can be more effectively used in future training programmes. As a provision of Rs. 10,000/- per training centre has been set apart by UNICEF for supplies and equipment to each of the training institutions, it is suggested that the requirement of any special supplies and equipment for these training institutions may be processed by the State Governments with the concerned UNICEF field representatives. So far as the amount of Rs. 15,000/- per training institution, already made available by this Department, is concerned, the expenditure from this amount may be restricted to the minimum requirement of furniture etc. However, any items of equipment which have already been permitted to be purchased by this Department, can be acquired by utilising these funds. The savings out of this amount of Rs. 15,000/- can be utilised to meet the shortfall against any other items of expenditure in connection with the training programmes provided that the expenditure on salaries should not exceed the estimated amount.



4. As mentioned above, funds were initially released for six months expenditure in every selected institution. However, the training period of anganwadi workers has been extended from 3 to 4 months. The training institutions will have to run two or three training courses according to the requirement of each ICDS project area. It is, therefore, requested that the details of expenditure incurred till 31 March 1976, the savings available at the end of March 1976, the estimated expenditure during the year 1976-77 in order to complete the training courses of anganwadi workers and the requirement of additional funds during the year 1976-77 may be communicated to this Department as early as possible so that the additional funds can be made available to the State Governments and/or the concerned organisations in order to ensure smooth continuance of the training programmes during the year 1976-77. These details of expenditure as well as estimates for the next year may be given itemwise. If these details are sent to this Department by 10 April 1976, the Department would be able to make the funds available to the States and the concerned organisations in the month of April itself. In the meantime, the savings available at the end of March 1976, if any, may be utilised to meet the expenditure in early part of the next financial year. In case no savings are available, the training may still be continued without interruption as necessary funds for expenditure with effect from 1 April 1976 will be made available by this Department soon after the information relating to expenditure till March 1976 and estimated expenditure in 1976-77 is received by this Department.

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Copy of the letter No. 1-1/76—CD dated 7 April 1976 from the Department of Social Welfare, Government of India to the State Governments and the Union Territory of Delhi.

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**Subject :—Funds for medicines in ICDS project areas.**

Some clarifications for strengthening of primary health infrastructure in ICDS project areas were issued under this Department's letter of even number dated 3 March 1976. The issue of sufficiency of funds for purchase of medicines in ICDS project areas has often been raised. The two basic principles governing the allocation of funds for medicines in ICDS projects are—

- (a) There should be no misuse of medicines; and
- (b) No needy child or mother should be deprived of medical care for want of medicines.

2. The approved pattern for supply of medicines to Programme Health centres and Sub-centres under the minimum Needs Programme

envisages availability of funds at Rs. 12,000/- per PHC and Rs. 2,000/- per sub-centre per year, It is necessary that funds to this extent are provided by the States from their own budgets in each ICDS project area.

3. At present, the primary health infrastructure is not able to meet the health and medical needs of all children and mothers. That is why this infrastructure is being strengthened under the ICDS projects. The strengthening of the primary health infrastructure includes, in addition to provision of additional medical and para-medical personnel, an additional provision of Rs. 18,000/- per rural/urban project and Rs. 6500/- per tribal project for medicines.

4. With the increase in the number of primary health sub-centres and location of anganwadies in the villages, it is expected that the community will make much larger use of the primary health/medical facilities in the ICDS project area. The use of these facilities by the community and the response of the primary health infrastructure to the needs of the community are interdependant. The ability of the ICDS organisational set up to meet the rising response from the community will, to a great extent, determine the success of the project and its impact on the health and nutritional status of children and mothers. It is necessary to ensure that there is no failure of the supply line to meet the primary health and medical needs of children and mothers. This has to be ensured within the sphere of the two principles mentioned in paragraph 1 above. For this purpose, the provision of additional funds for medicines from the ICDS budgets can be suitably adjusted according to the needs of each ICDS project area. The flow of primary health and medical care to children and mothers should not be blocked on account of insufficiency of funds for medicines or non-supply of medicines, at the same time ensuring that medicines are not misused. Specific cases, involving a higher expenditure for medicines from the ICDS budget than that stipulated in the general pattern (as mentioned in paragraph 2 above) may be brought to the notice of this Department. If such additional requirement of funds for medicines involves an increase in the overall allocation for ICDS in any project, the case can be brought to the notice of this Department for necessary authorisation.

5. Copies of this letter are being endorsed to the CDPOs and medical officers incharge of PMCs in the ICDS projects. The State Government is requested to instruct them that the above guidelines may be brought to the notice of the field workers (LHVs/ANMs/mukhyasevikas/anganwadi workers).

Copy of the letter No. 7-3/75-CD dated 8 April 1976 from the Department of Social Welfare, Government of India to the State Governments and the Union Territory of Delhi.

**Subject : Printing of health and nutrition cards for ICDS projects and supply of paper by UNICEF.**

Under this Department's letter No. 6-11/75-CD dated 8 September 1975, the State Governments were requested to inform this Department as to whether they would like the health and nutrition cards in the ICDS project to be printed in English or Hindi or the regional language. We had also stated that the cards will be printed in English/Hindi centrally and the printed cards will be supplied to the projects. However, in respect of States which wanted the cards to be printed in the regional languages, paper will be supplied by UNICEF direct to the State Governments and arrangement for the translation of health and nutrition cards into the regional language as well as their printing will be made by the State Governments. The printing charges can be debited to the ICDS fund released by the Central Government.

2. According to the information received from the States so far, allocation for the supply of paper by UNICEF to the States has been made for the printing of the health and nutrition cards in the regional languages. A statement, showing the ICDS project areas and the allocation of paper (to be supplied by UNICEF to the State Government) is enclosed in respect of States which have requested for supply of paper for the purpose of printing the health and nutrition cards in the regional languages.

3. Two sets of health and nutrition cards are enclosed\*<sup>1</sup> for ready reference with a view to facilitating translation into the regional languages by those States which want to print cards in the regional languages.

4. We had earlier thought that MCH card-II (containing a weight growth curb and immunisation history of each child) should be printed on yellow paper. However, the idea of printing different cards on papers of different colours has been given up. Paper will, therefore, be supplied by UNICEF in one colour. This will also facilitate proper use of paper because small cuttings will not be wasted and the entire paper can be so used for printing cards on different sizes that no quantity of paper is wasted. This can be easily done by so adjusting the printing of the card that each sheet is utilised for printing six cards of the bigger size (child card, child card continuation sheet, antenatal card, MCH card-II) and two or three cards of smaller size (immunisation card for pregnant mothers, beneficiary card, referral card).

\*Deleted. For specimen of health and nutrition cards see appendices.



5. UNICEF will also be supplying polythene bags for the immunisation card, beneficiary card and MCH card-II which will be given to mothers. The MCH card can be folded twice whereas the beneficiary card and the immunisation card for mothers can be kept in polythene bags without folding. Even in respect of States, which are being supplied health and nutrition cards in English/Hindi directly from here, polythene bags will be supplied by UNICEF directly to the States. The sizes of the polythene bags will be as shown below :

Immunisation card	= 11 x 14 cms
Beneficiary card	= 11.5 x 15.5 cms
MCH card	= 11 x 24 cms

At the time of cutting of different cards after printing, it may be ensured that the sizes of the cards are such that they can be kept in the polythene bags of the above-mentioned sizes.

6. A statement, showing the total number of polythene bags of each size, to be supplied to each State by UNICEF, is enclosed.\*<sup>1</sup>

7. As the entire supply of paper and polythene bags may not materialise immediately, these supplies will flow to the concerned officers in the States in two or three instalments. The enclosed\*<sup>2</sup> statements regarding supply of paper and polythene bags by UNICEF to the States, therefore, indicate the quantities to be supplied as the first, second and third priorities. The consignees have also been shown in these statements. If any State Government wants to change the name of the consignee for any reason, the local UNICEF field representative should be informed immediately under intimation to this Department.

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\*<sup>1</sup> Deleted, see appendices.

\*<sup>2</sup> Deleted, see appendices.

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Copy of the letter No. 3-52/76-CD dated 8 April 76 from the Department of Social Welfare, Government of India, to the State Governments and the Union Territory of Delhi.

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**Subject :—Telephone in CDPO's office.**

It has often been represented by State Government officials at different levels, during discussions with them in regard to the progress of the ICDS scheme, that the work of the CDPO will suffer if a telephone connection is not provided to him. It is, therefore, suggested that a telephone connection may be provided to CDPO by way of an extension to the telephone connection in the block office or in the other concerned office (especially in urban projects which have no block office) where the CDPO and his staff may have been accommodated. If in any case it is

not feasible to provide an extension to the CDPO from an existing telephone connection, especially when the CDPO's office is located in an independent building, a new telephone connection may be provided to him. The expenditure on providing an extension from an existing telephone or a new telephone connection, as the case may be, may be made from the ICDS funds.

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Copy of the letter No. 2-12/76-CD Dated 8, April, 76 from the Department of Social Welfare Government of India to the State Government and the Union Territory of Delhi.

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**Subject :—Preparation of calendar of events for use by anganwadi worker in ICDS projects.**

Attention is invited to this Department's letter No. 6-11/75-CD dated 26 November 1975, under which guidelines were issued for the selection of beneficiaries for supplementary nutrition in ICDS project areas. So far as pre-school children are concerned, the need for supplementary nutrition is determined on the basis of weight of the child related to age. The determination of the age of the child up to the correct month is therefore of crucial importance. It has been observed that the age of child is some times written by the workers in round figures. If the age is not determined correctly, no proper relationship can be established between the age and weight of the child. If a calendar of events is prepared for 5 or 6 years, indicating the dates of all important festivals, events etc. in the ICDS project area, it is possible to relate the birth of each child to some important festival or event in the past. This can be done by putting a few questions to the parents of the child and/or neighbours. A ready calendar of events, therefore, facilitates the determination of the month (and some times even the date) in which the child was born. If the child's age is determined to the nearest month correctly, the nutritional status can be generally reckoned by relating the weight of the child to age. The MCH Card II (copy enclosed for ready reference) which is one of the cards being used in ICDS projects, facilitates the determination of the need of supplementary nutrition for a child if the weight of the child is plotted on the graph correctly i.e. according to the correctly assessed age. After the weight of the child has been taken and plotted on the graph for a few months, a weight growth curve is obtained for the child. An upward trend of this curve in the direction of the first curve on MCH Card II denotes that the child is growing well. A horizontal curve or a falling curve or a curve which shows the rate of growth as lower than what is desirable would show that the child is not growing well and needs attention.

Copy of the letter No. 1-10/75-CD dated 22 April 76 from the Department of Social Welfare, Government of India, to the State Governments and the Union Territory of Delhi

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**Subject :—Publications brought out by Central Health Education Bureau**

As the State Government is aware, 33 experimental projects of Integrated Child Development Services scheme have been sanctioned throughout India in 1975-76 and are continuing in 1976-77 also. The services to be rendered under the projects are as follows :—

- (1) Supplementary Nutrition
  - (2) Health check-up
  - (3) Referral Services
  - (4) Health & Nutrition Education
  - (5) Immunisation
  - (6) Non-formal pre-school education
2. Some useful literature has been collected by us for distribution among the masses to educate them about the scheme. The literature generally deals with the preliminary education in the field of health and nutrition. A list of this literature along with a copy of some of the publications is enclosed herewith\*. This literature has been brought out by the Director, Central Health Education Bureau, Directorate-General of Health Services, Kotla Road, Temple Lane, New Delhi-110001.
3. You may please go through these publications and ascertain the number of copies of each of the publication required by you. These copies then can be acquired from the Director, Central Health Education Bureau, Directorate-General Health Services, Kotla Road, Temple Lane, New Delhi, and the expenditure on it can be met from the ICDS funds. You can also write to the Director, C.H.E.B. about the language in which you need the copies. If these publications are available with CHEB in the language in which you want them, they would be supplied to you, otherwise, you can get the translation of these publications done in the regional language in which you want them and get them printed locally. The cost on this can also be met from the ICDS funds placed at your disposal. Please acknowledge the receipt of this letter.

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\*For list of publications see appendices



Copy of the letter No. 7-3/75-CD Vol. II dated 26 April 1976 from the Department of Social Welfare, Government of India, to the State Governments, Union Territory of Delhi and concerned institutions.

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**Subject :—Despatch of M.C.H. Card II for practices.**

As you know, under the I.C.D.S. Scheme, the selection of proper beneficiaries is the primary and most important factor. For proper selection of beneficiaries the instructions have already been issued earlier vide this Department letter No. 6-11/75-CD dated the 26th November, 1975. From these instructions it must be clear that the selection of beneficiaries is to be done on the basis of their weight which is to be recorded and put on the weight curve graph as given on the back of MCH Card II. For the correct recording and reading from this graph it is necessary that the anganwadi workers must understand the whole process of recording the weight and putting it on the graph and then reading from it correctly and confidently. For this purpose they require lot of practice which should be given to them while they are under training at the various training institutions. I am, therefore, sending to you 100 copies of the weight curve graph which may be supplied to anganwadi workers for practice purpose.

2. This is possible that the weight curve graph supplied to you for practice purpose may not be sufficient. You are, therefore, requested to arrange either a black-board with graph drawn thereon or cloth sheet with graph drawn thereon which can be utilised for practice purpose in the class room by anganwadi workers. The action taken in the matter may be intimated to this Department.

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Copy of the letter No. 13-11/76-CD dated 26 April 1976 from the Department of Social Welfare, Government of India, to the State Governments and the Union Territory of Delhi.

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**Subject : Role of State Health Departments in ICDS.**

The delivery of health services under ICDS was discussed at a meeting of the State Secretaries and Directors of Health at 4.30 pm on 14 April 1976 in Nirman Bhavan, New Delhi, under the chairmanship of the Secretary, Ministry of Health and Family Planning. During discussions, Some issues were raised by the representatives of some States. These issues are clarified in the enclosed annexure.

2. Points for action by the State Departments of Health have been explained in the note circulated for the above-mentioned meeting on 14

April 1976. The Department of Family Planning, Ministry of Health and Family Planning, had also written a letter No. P. 11017/26/75-MCH (Vol. II) dated 7 November 1975 to the State Health Secretaries regarding implementation of ICDS scheme. Early action is requested on the points mentioned therein.

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(Annexure to the above letter)

Clarifications on issues raised during discussions on ICDS at the meeting of the State Secretaries and Directors of Health on 14 April 1976 in Nirman Bhavan, New Delhi.

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*Issues*

*Clarification*

**1. Raised by the representative of Madhya Pradesh.**

2) The selection of primary health centres for implementation of ICDS projects is not proper because these are far away from the medical colleges.

The blocks for ICDS projects were selected according to the criteria laid down in the scheme. The primary health centres for the implementation of ICDS have essentially to be those located in the blocks selected for the implementation of ICDS. The original ICDS scheme did not envisage any essential role for medical colleges. Subsequently, however, the medical colleges have been associated as an additional source of strength and information that is expected to lead to timely corrective measures. That is why a Workshop of the representatives of the medical colleges was organised at the All India Institute of Medical Sciences on 18 and 19 February and, in pursuance of the recommendations of the Workshop, it has been decided to associate medical colleges in baseline survey, monitoring and training in relation to the health and nutrition aspects of the ICDS programmes.

b) ICDS budget at the State level is operated by the Social Welfare Department and sanctions are also issued by the Social Welfare Department, whereas health staff and other inputs are to be provided by the Health Departments. This makes operation difficult.

Sanctions are conveyed by the Central Government to the Departments designated by the State Governments. Each State Government has to work out a suitable arrangement for the flow of sanctions and funds for an intersctoral programme like ICDS.

Purely for information of State Governments/UT Administrations, it is clarified that according to financial procedures, it is permissible for the Social Department of ICDS in the State Government to authorise the State Department of Health to operate on the ICDS budget for the health inputs in ICDS.

c) It is not clear whether the additional vehicle in the ICDS project will remain with the PHC or CDPO.

The jeep under the ICDS scheme is supplied to the CDPO. It has, however, been clarified in paragraph 5 of this Department's letter No. 1-1/76-CD dated 3 February 1976 that the CDPOs should so prepare the tour programmes that their vehicles are available to the medical officers at the PHC whenever essential.

It has also been suggested that an amount of Rs. 6000/- to Rs. 7000/- out of the provision of Rs. 20,000/- for POL under the ICDS budget may be made available for additional utilisation of PHC vehicle by the medical officers so that they can visit the sub-centres and the anganwadis more frequently.

## **2. Raised by the representative of Haryana.**

a) The Department of Social Welfare coordinates the project and should take up full responsibility for the project at the State level.

We do not understand what the questioner has in mind. It is competent for the State Government to entrust full responsibility



for the programme to any Department. So far as the Government of India is concerned, it is the responsibility of the State Governments to implement the ICDS projects successfully.

It is all the more difficult to understand the question in case of Haryana because, in that State, there is one Secretary to the State Government for health and welfare activities.

b) It is not clear how the combined buildings for sub-centres and anganwadis are to be constructed in 27 villages.

The scheme does not envisage construction of sub-centres or anganwadis.

**3. Raised by the representative of Sikkim.**

a) The social welfare schemes are looked after by the Department of Health in Sikkim. Similarly, the feasibility of entrusting ICDS projects to the wings dealing with family planning/MCH services in the State Health Department may be considered.

This is a suggestion for action by the State Governments who are willing to examine proposals on merits.

b) The problem of nutrition in ICDS projects has to be tackled in the light of the special situation in each project area.

Noted and accepted.

**4. Raised by the representative of Gujarat.**

a) The third doctor provided to the PHC in the ICDS project area is a senior doctor and a quarter should be provided to him.

(a) & (b) 33 ICDS projects have been sanctioned on experimental basis in the first instance. Construction of buildings to provide accommodation would have taken about two years even if funds were provided for construction. Moreover, construction would have made the experiment very costly.

b). Funds should be provided for construction of additional sub-centres in the ICDS project area as it is often difficult to get proper buildings on rent.

**5. Raised by the representative of Tamil Nadu.**

As the experimental ICDS projects are to be evaluated, it is advisable to put the ICDS projects under the control of a paediatrician of a teaching institution and associate the project with a district or college hospital.

A workshop of the representatives of the medical colleges, situated near the ICDS project areas, was held on 18 and 19 February 1976 in the All India Institute of Medical Sciences in order to consider the role of medical educational institutions in ICDS. It has been decided to enlist the cooperation of medical colleges in the baseline survey, monitoring, and training of medical and paramedical personnel in relation to the health and nutrition aspects of the programme. Details of the modalities of the involvement of medical colleges in this work are being finalised in consultation with the All India Institute of Medical Sciences.

**Raised by the representative of Rajasthan.**

Budget for health should be with the District Medical Officer.

This is for State Governments to decide.

Purely for information of State Governments/UT Administrations, it is clarified that according to financial procedures, it is permissible for the State Governments to authorise officers of the State Health Department at different levels to operate on the ICDS budget in relation to the health component of the scheme.

**7. Raised by the representative of West Bengal.**

Five or six different departments look after different nutrition programmes at the State level. The feasibility of a central directive for entrusting all the nutrition programmes to one department may be considered.

It is not considered necessary to issue any Central directive. The State Government is expected to ensure a coordinated approach.

**8. Raised by the representative of Tripura.**

Lack of coordination should not come in the way of implementation. One Department should not blame the other. A coordinating authority should be established.

We agree with the view.

**9. Raised by the representative of Uttar Pradesh.**

One of conditions of ICDS is that PHC should be upgraded to a 30-bedded hospital. It will take time. The staff has been posted in U.P. and the training is on.

The draft Fifth Plan envisages upgradation of the PHCs to 30 bedded hospitals. As the ICDS projects are few, we do not understand why there should be any difficulty or delay in upgrading the PHCs in ICDS blocks to 30-bedded hospitals.

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Copy of the letter No 9/12/75—CD dated 28 April 1976 from the Department of Social Welfare, Government of India, to the State Governments Concerned with Urban ICDS Projects.

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**Subject : Progress reports under the scheme of ICDS and Functional Literacy for Adult Women—Regarding urban project.**

In continuation of this Department's letter of even number dated February 13, 1975, I am directed to send herewith a copy of the monthly progress report proforma to be used in urban projects, for your information. Fifteen copies of the same have already been dispatched to the Child Development Project Officer, Urban Project for his use.

For proforma, see appendices.

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Copy of the letter No. 3-5/75—CD 28 April 1976 from the Department of Social Welfare to the State Governments and the Union Territory of Delhi.

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**Subject :—Balwadis/Centres in the ICDS project areas—Policy regarding.**

There was a proposal that the existing balwadis which are functioning in your State in the blocks where ICDS scheme is being



implemented may be utilised for ICDS work as the focal points for delivering the services under the ICDS scheme. I am directed to say that this Department approves of this proposal. You may kindly take suitable action to see that wherever such balwadis are functioning in the ICDS blocks these may be utilised for delivering the services under the ICDS scheme. The services of those balsevikas at these balwadis, who are willing to work, may be utilised at the balwadi centres for delivering the services under the ICDS in lieu of the anganwadi workers.

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Copy of the letter No. 2-9/76 dated 1 May 1976 from the Department of Social Welfare, Government of India, to the State Governments and the Union Territory of Delhi.

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**Subject :—Baseline survey and monitoring of ICDS projects. (Rural and tribal)**

As you are already aware, 33 experimental ICDS projects have been sanctioned in the 22 States and the Union Territory of Delhi. These projects aim at an integrated delivery of a package of services (supplementary nutrition, immunisation, health check-up, referral services, health and nutrition education of women and non-formal pre-school education) to pre-school children, pregnant women and nursing mothers. A scheme of function literacy for adult women has also been sanctioned in the experimental ICDS project areas.

2. The ICDS scheme aims at the improvement in the nutritional and health status of children in the pre-school age group; laying the foundations for proper psychological, physical and social development of the child; reduction in the incidence of mortality, morbidity, malnutrition and school drop-outs; coordination of policy and implementation amongst the various departments to promote child development; and enhancement of the capability of the mother to look after the normal health and nutritional needs of the child through proper nutrition and health education.

3. Printed copies of the ICDS scheme have been made available to the State Governments and officers at the district and block levels in sufficient numbers so that these copies are available to all concerned at different levels of administration. It has been mentioned in the foreword to the scheme that the Programme Evaluation Organisation of the Planning Commission will conduct bench mark surveys in the ICDS project areas and undertake evaluation of these projects after these have been in operation for about a year or two and that, if the present model is found successful, the Government of India intend extending this project gradually to other blocks in the country. Sufficient flexibility has been provided in operating the present model in different project areas

with a view to adapting the model to the local demographic features, topography of the area, administrative set-up etc. As the ICDS experimental projects have a bearing on the future expansion of integrated services for our millions of children, it is necessary to ensure effective monitoring of these experimental projects.

4. Child health and nutrition obviously constitutes the major component of the ICDS projects. There has been growing awareness of the need for involving the medical colleges in community-oriented health delivery. A workshop of the medical colleges, nearest to the ICDS project areas, was held at the All India Institute of Medical Sciences on 18 and 19 February 1976 in order to consider the role of medical colleges in the ICDS projects. A copy of the summary report of the workshop is enclosed (annexure-1)\*<sup>1</sup>. The medical colleges agreed to assist in monitoring the health and nutrition aspects of the ICDS programme. They also agreed to conduct baseline surveys with the help of interns (and other trained investigators; if necessary) for the purpose of monitoring the health and nutrition aspects of the programme and to assist in the training of medical and paramedical personnel in the ICDS project areas. It has been decided to take the help of the medical colleges in the collection of baseline, data, training of medical and paramedical personnel and the monitoring of the health and nutrition aspects of the ICDS projects. Necessary financial and administrative support for this work will be arranged for medical colleges by this Department.

5. A list of the medical colleges, which have already agreed to play their role in ICDS projects as indicated above, is enclosed (annexure-II)\*<sup>2</sup>. The names of the ICDS projects which will be monitored by each of the medical colleges in so far as health and nutrition aspects of these projects are concerned, are also shown against each of the medical colleges in annexure-II.

6. A member of the faculty, normally from the Department of Paediatrics or Preventive and Social Medicine, is being nominated as the 'Consultant for the ICDS project' in each of the medical colleges shown in annexure-II. In respect of the remaining ICDS projects, efforts are being made to associate some available nearby institutions for monitoring the health and nutrition aspects of the programme. Funds for honorarium to the Consultant, emoluments of one Research Fellow or Senior Research Fellow, part-time typist, TA/DA for the interns and medical college teams (who will have to visit the concerned project areas for survey and periodical visits), and contingencies (stationery, postage etc.) will be made available directly to the medical colleges concerned.

7. The schedules for the baseline survey by medical colleges in the ICDS projects are being finalised in consultation with the Planning Commission and the All India Institute of Medical Sciences. Printed

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\*1 Deleted see appendices

\*2 Deleted see appendices

copies of these schedules along with copies of instructions to fill these schedules will be made available directly to the Consultants in the medical colleges.

8. The baseline survey will be conducted in the sample area selected according to the sampling instructions, a copy of which is kept at annexure-III. The baseline data collected by the medical colleges in regard to the health and nutrition aspects will be utilised by the Programme Evaluation Organisation of the Planning commission for their bench mark surveys in the ICDS projects. In other words, common sampling plan will be adopted by the Programme Evaluation Organisation of the Planning Commission and the medical colleges. The PEO teams will take necessary action for collecting baseline data in relation to factors other than those covered in the collection of baseline data by the medical colleges. In order to facilitate quick selection of the sample area for the baseline survey, a copy of the sampling instructions is being sent directly to the CDPOs/BDOs/PHC Medical Officers of all the ICDS projects in rural and tribal areas (i.e. excluding the urban projects because the sampling instructions at annexure-III do not cover the urban projects) with a request to prepare and keep the material ready according to the sampling instructions so that the PEO teams may contact the CDPOs/BDOs of the ICDS project areas and decide the sample with the help of the material kept ready by the CDPOs. The CDPOs should keep this material ready in cooperation with BDOs and PHC medical officers.

9. The concerned departments of the State Government (especially the health departments and the departments having overall responsibility for the ICDS programme) are requested to take urgent action on the following points :

- a) The CDPOs of all the rural/tribal ICDS projects may be instructed to keep the maps etc. ready according to the sampling instructions (annexure-III) so that the teams of the PEO, Planning Commission, may contact them and finalise the sample
- b) In respect of Government medical colleges, included in the list at annexure-II, the Deans/Principals of the Medical Colleges may be requested to permit the 'Consultant for ICDS Project' to directly receive and account for financial assistance for baseline survey and monitoring the health and nutrition aspects of the ICDS projects. Necessary administrative instructions may also be given to these medical colleges for their effective participation in this work.
- c) The Consultant for the ICDS project in each medical college may be requested/authorised to correspond directly with the All India Institute of Medical Sciences in relation to the work relating to the ICDS projects, endorsing a copy to this Department if there is any issue requiring a decision by this Department.



- d) In respect of medical colleges (if any) which are not under the administrative control of the State Government, the concerned administrative head of the medical college may be requested to give the same support as mentioned at (b) & (c) above.
- e) The Consultant for ICDS project in each medical college should be nominated as a member of the District Coordination Committee for ICDS projects. The expenditure on TA/DA of such Consultant in order to attend the meetings of the District Coordination Committee can be met from the funds which will be made available directly to each Consultant for work relating to ICDS.

## **INTEGRATED CHILD DEVELOPMENT SERVICE - MONITORING**

### **Sampling Procedure for Rural/Tribal ICDS Projects :**

1. Prepare (or procure) a map of the block to scale, indicating the village boundaries, the PHC headquarter and the ANM sub-centres (of about 5000 population each).
2. Mark out on the following three geographic areas :
  - a) Areas within a radius of 5 kms from PHC headquarters.
  - b) Areas between 5 and 10 Kms., from PHC headquarters.
  - c) Areas beyond 10 Kms. from PHC headquarters.

With-in each of (a), (b) and (c) above, list out by alphabetical order of headquarters, the ANM sub-centres (of about 5000 population each) and give them separate serial numbers. Then using a random number table select two ANM sub-centres each from (a) and (b) and one ANM sub-centre from (c). If one is not familiar with the use of random number tables, the following procedure may be used : write out the serial number of each sub-centre within (a), (b) and (c) on separate chits of paper. Shuffle well all the chits belonging to (a) and pick blindfold two chits. The number on the two chits will identify the two ANM sub-centres to be selected for inclusion in the sample. By an exactly similar procedure select two ANM sub-centres from (b) and one ANM sub-centre from (c) giving a sample of 5 ANM sub-centres in all.

3. Having selected 5 ANM sub centres for inclusion in the sample as explained in (2) above, proceed as follows to select a total of 10 Anganwadi areas for baseline survey and monitoring; from each of the 5 selected ANM sub-centres select the Anganwadi which includes the ANM head-quarter village; from the remaining 4\* Anganwadis (usually each ANM

\* the actual number may be less or more than 4 in some projects all, the remaining anganwadis in the sample ANM sub-centre should be taken into account for the purpose of selecting the second anganwadi at random by lottery procedure.

sub-centre will have about 5 Anganwadis in all) select 1 at random using a random number table or the lottery procedure described in (2) above.

4. The sample selected by (2) and (3) above should give 10 Anganwadi areas in 5 ANM sub-centres with a total population of approximately 10,000 souls.

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Copy of the letter No. 1-12/75-CD dated 1 May 76 from the Department of Social Welfare, Government of India, to the State Government and the Union Territory of Delhi.

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**Subject : Association of the Indian Academy of Paediatrics with the implementation of the ICDS programme.**

The Indian Academy of Paediatrics has evinced considerable interest in the ICDS programme and has offered its wholehearted support to the programme. The Association has a membership of about 2000 child specialists who have considerable knowledge, experience and expertise in the comprehensive care of small children. The Academy has sent us a list of the members who have offered their services for individual ICDS project areas.

A list of the members of the Academy whose services would be available for ICDS project(s) in your State, is enclosed. The modalities of utilisation of their services in the ICDS project(s), the periodicity of their visits to the ICDS project areas etc. may be finalised by the State Government. The expenses on their travel to the ICDS project area from their own headquarters can be met from the ICDS budget according to the State Government TA/DA rules. Mobility within the ICDS project areas can be provided by the CDPO to those members of the Academy whose services are utilised by the State Government in the ICDS project areas.

2. We are separately writing to the State Governments about the association of the medical colleges in the monitoring of health and nutrition aspects of the ICDS programme. It would be beneficial to associate the members of the Indian Academy of Pediatrics, whose services are to be utilised in the ICDS project areas, by the Consultant for ICDS project in the respective medical colleges. Copies of this letter are, therefore, being endorsed to the concerned medical colleges.

**PRELIMINARY LIST OF NAMES AND ADDRESSES OF  
THE MEMBERS OF THE ACADEMY WHO HAVE  
VOLUNTEERED FOR THE ICDS  
SCHEME.**

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Copy of the D.O. letter No. 2-9/75-CD dated 10 May 1976 from the Department of Social Welfare, Government of India, to Medical Colleges associated with ICDS monitoring work.

**Subject : Baseline survey and monitoring of ICDS projects.**

I enclose a copy of this Department's letter of even number dated 10 May 1976 to the State Governments on the above-mentioned subject. We are glad that your college will be playing an active role in the monitoring of the health and nutritional aspects of the ICDS programme, including collection of baseline data and training of medical and para-medical personnel which are essential for effective monitoring. Dr.

is proposed to be nominated as the Consultant for the ICDS project in Block. He/she may be authorised to correspond directly with the All India Institute of Medical Sciences, New Delhi, in relation to work connected with the ICDS project. For this work the Consultant may also be authorised to receive funds from and render accounts to the All India Institute of Medical Sciences. The Consultant should endorse a copy of communications, addressed to AIIMS, to this Department only if an issue, requiring a decision or clarification by this Department, is involved. Funds to the All India Institute of Medical Sciences, which will provide funds to the Medical Colleges for work connected with the ICDS project, will be arranged by this Department. A tentative estimate of the funds required for this work is given below :

<i>Item</i>	<i>Amount</i>
	Rs,
1. Honorarium to Consultant at Rs. 250/- per month.	3000
2. One Senior Research Fellow (MD) or Research Fellow (MBBS) at Rs. 700/- or Rs. 600/- per month respectively.	8400 — for SRF 7200 — for RF
3. Part-time typist at Rs. 50/- p.m.	600
4. TA/DA	5000 for each urban project and 10000 for each rural tribal project
5. Contingencies at Rs. 125/- p.m. (stationery, postage etc.)	1500

(All the medical colleges, which are to undertake the work of monitoring the health and nutrition aspects of the ICDS programme, including collection of baseline data and the training of medical and para-medical

personnel, are proposed to be placed in four or five groups. One medical college in this group will assume responsibility for frequent contacts with other medical colleges in the same group and provide a forum for the Consultants from the medical colleges in the group for meeting periodically for mutual consultations, whenever necessary. The Consultant for ICDS project in the medical college, which will serve as the forum for periodical consultations amongst medical colleges in each group, will be provided one Stenographer and an additional provision of Rs. 5000 per year for TA/DA expenses as he/she will have to handle additional correspondence and undertake journeys in several project areas).

The schedules for the collection of baseline data by the medical colleges are being finalised in consultation with the Planning Commission and the All India Institute of Medical Sciences. These will be printed in Delhi. Sufficient copies of the printed schedules as well as instructions for filling the schedules will be made available to the Consultant for ICDS project.

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Copy of the letter No. 2-9/76-CD dated 10 May 1976 from the Department of Social Welfare, Government of India, to the State Governments, CDPO's/BDO's and the Union Territory of Delhi.

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**Subject :—Baseline survey and monitoring of ICDS projects.**

Copies of this Department's letter No. 2-9/76-CD dated 1 May 1976 on the above-mentioned subject, addressed to the State Governments, were endorsed to you with a request for immediate action on paragraph 8 of that letter, regarding preparation of some material for selecting the sample for baseline survey of rural/tribal ICDS projects. The said instructions regarding the sampling procedure may please be treated as substituted by the instructions contained in this letter:

2. The sampling procedure for baseline survey has been reconsidered and finalised by the Planning Commission in consultation with the All India Institute of Medical Sciences and this Department. It has been decided that the sample will be selected centrally and the names of sub-centres and anganwadis, selected as the sample, will be communicated to all concerned. In order to facilitate the selection of sample, you are requested to send the following material immediately :

- a) A map of the ICDS project area, showing the following details :
  - i) location of PHC ;
  - ii) location of LHV/PHN headquarters ;
  - iii) location of sub-centres ;

- iv) locations of the headquarter villages of Mukhyasevikas ;
  - v) villages ;
  - vi) major topographical features (rivers, roads, railway lines etc.)
  - vii) division of ICDS project area into separate zones by drawing two circles, taking the radius of 5 kms for the first circle and a radius of 10 kms for the second circle, with PHC as the centre of both the circles (for drawing the circles, follow the same scale as the scale of map and mention the scale).
- b) A statement, showing the sub-centres in the ICDS project area, in the enclosed form (statement-1)\*<sup>1</sup>
  - c) A statement, showing the details of the Anganwadis, in the enclosed form (statement-2)\*<sup>2</sup>
2. An explanatory note, giving guidelines for filling the statements 1 & 2 is enclosed (annexure)\*<sup>3</sup>

3. Some Child Development Project Officers are, at present, under training in FCW training centre, Jamia Millia, New Delhi. The BDOs of these project areas, whose CDPOs are under training at present, may please prepare the above-mentioned material and furnish it to this department directly. In other projects, the CDPOs should prepare this material and furnish it direct to this department. If in any project the CDPO is not in position due to any reason, the BDO is requested to prepare the material and furnish it to this Department. The material is required immediately because the baseline survey will commence after selection of sample sub-centres of ANMs and anganwadi centres. It is, therefore, requested that the above material may be sent within a week.

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\*<sup>1</sup> Deleted and placed under appendices.

\*<sup>2</sup> Deleted and placed under appendices.

\*<sup>3</sup> Deleted and placed under appendices.

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Copy of the letter No 2-20/76—CD dated 22 May 76 from the Department of Social Welfare, Government of India to the State Governments and the Union Territory of Delhi.

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**Subject :—Orientation of medical and para-medical staff under ICDS.**

As you already know, 33 experimental ICDS projects have been sanctioned in the 22 States and the Union Territory of Delhi. These projects aim at an integrated delivery of a package of services. For this



a lot of emphasis has been placed on the improvement of the health status of the children and pregnant and nursing mothers. For this purpose it is necessary that the proper orientation of medical and para-medical staff concerned with the ICDS projects is done.

2. In the Workshop on "Role of medical institutions in Integrated Child Development Services Scheme" held at All India Institute of Medical Sciences on 18th and 19th February 1976 it was decided that the medical institutions would take up the orientation of medical and para-medical staff under the ICDS scheme. Apart from this, as you already know, the medical institutions have also taken up the work of baseline survey and monitoring of ICDS projects as far as the health & nutrition part is concerned.

3. A list of the medical colleges, which have already agreed to play a role in ICDS projects, is enclosed.\*<sup>1</sup> A list of consultants from (Annexure. II) each of the medical institutions concerned with the ICDS project is also enclosed herewith.\*<sup>2</sup> For the purposes of convenience in conducting the baseline survey, monitoring and for orientation of medical and para-medical staff, the medical colleges have been divided into 5 groups. This division has been given in Annexure I \*<sup>3</sup> enclosed herewith. Each group is being headed by a convenor whose name has been given in Annexure I. It has been decided that the group convenors will have the following responsibilities:—

- (a) To organise the orientation course for district and PHC doctors and Lady Health Visitors.
- (b) To help in the formulation of the training programme for ANMs at the block level.
- (c) To maintain contacts with Dean/Principals of the medical colleges involved in ICDS, the Director, Health Services of the States who will help the consultant of the medical college in his working for conducting the baseline survey and monitoring of the ICDS projects and in orientation on medical/para-medical staff.
- (d) To organise periodical meetings of the consultants of medical colleges of the region to discuss the progress of monitoring of the ICDS projects. It has been decided to hold such meetings every two months and for two days each time by rotation at different medical institutions under the region of the group convenor. Half of this time is to be spent in the field for observing actual implementation and monitoring of the projects. The report of such meetings would be sent to Dr. B.N. Tandon, Prof. of Medicines and Head of Gastroenteriology Department, All India Institute of Medical Sciences, New Delhi, after every such meeting.

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\*<sup>1</sup> Deleted }  
\*<sup>2</sup> Deleted } See appendices  
\*<sup>3</sup> Deleted }

- (e) To review the work of the monitoring. The meeting of the group convenors would be held at Delhi once in 4 months.

The State Government is requested to issue necessary order covering all the points as given in this paragraph.

4. At a workshop of convenors of ICDS consultants of medical colleges at the All India Institute of Medical Sciences held on 13th May 1976, in which Dr. B.N. Tandon and Dr. Ramachandran of AIIMS and representatives of this Department also participated, it was decided that the orientation of district level medical officers, PHC medical officers and Lady health visitors will be organised at regional level at the medical institution in which the 5 group convenors are functioning. It was further decided that the orientation of these persons would be arranged in two batches and the duration of orientation of each batch would be six days. The actual dates of orientation will be conveyed to the concerned ICDS projects by the concerned group convenors of ICDS consultants in medical colleges.

5. The orientation of ANMs will be arranged at the block level. This orientation will be organised by the ICDS consultant in the medical college which is entrusted with the monitoring of health and nutrition aspects in the respective ICDS projects. The Child Development Project Officers, district level medical officers and PHC medical officers will assist the ICDS consultant in the medical college in the orientation of ANMs. The orientation of ANMs would be done in batches and would be on continued basis.

6. In respect of ICDS projects where no ICDS consultant from the medical institution is available, the orientation will have to be organised by the PHC medical officers and Child Development Project Officers.

7. Necessary funds for the orientation of medical officers and lady health visitors at the regional level will be made available to the medical colleges through All India Institute of Medical Sciences. The expenditure on the orientation of ANMs at the block level can be met out of the ICDS funds released to the State Governments.

8. TA/DA of medical officers and lady health visitors for attending the orientation at the regional level will be paid by the group convenor who will organise their orientation from the grants released to him for orientation purposes through the AIIMS. Boarding and lodging arrangements would also be made by the group convenor.

9. The details of the contents of the orientation courses for medical officers and lady health visitors and for ANMs which would be used in the training of these officers are under preparation. As soon as these are ready, these will be despatched to the consultants in the medical institutions.

10. For the orientation of medical and para-medical staff each group convenor would be given a special training fund of Rs. 15,000/—.

11. The State Government is requested to issue instructions to the district level medical officers and PHC medical officers that these medical officers and lady health visitors should attend the orientation at the regional level on the dates indicated by the group convenor of ICDS consultants.

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Copy of the letter No 11-3/75—CD dated 26 May 76 from the Department of Social Welfare Government of India to all the state Governments and the Union territory of Delhi.

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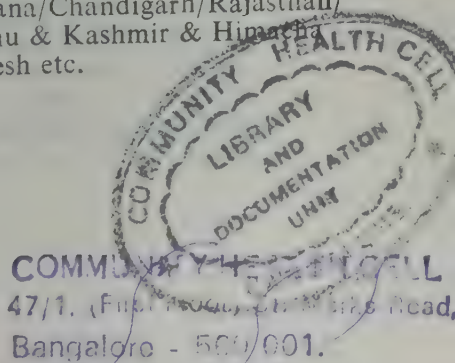
**Subject :—(ICDS Scheme) Regional Offices of the Deptt. of Food.**

In continuation of this Departments letter No. 11-3/75—CD dated November, 5, 1975\* on the above subject, I am directed to inform you that the Department of Food, who cover the States/Union Territories etc. in connection with the operation of the ICDS projects, have the following Regional Offices to cover various States, etc. :—

<i>Regional Office</i>	<i>States/Territories covered</i>
Office of the Regional Dy. Technical Advisor, Southern Regional, Shastri Bhavan, 35, Haddows Road, Madras	Kerala/Tamil Nadu/Andhra Pradesh/ Karnataka & Pondicherry.
Office of the Regional Dy. Technical Advisor, Eastern Region, 8, Esplanade East, Calcutta-69.	West Bengal/Bihar/Orissa/Sikkim/ Assam, Meghalaya/Nagaland/ Tripura/Manipur & Arunachal Pradesh etc.
Office of the Regional Dy. Technical Adviser, Western Region, Mistry Bhavan, 4th floor, D.W. Road, Bombay-20 Churchgate,	Maharashtra/Gujarat/Madhya Pradesh and Goa etc.
Office of Regional Dy Technical Adviser, Northern Region, Jamnagar House, New Delhi.	Delhi/Punjab/Uttar Pradesh/ Haryana/Chandigarh/Rajasthan/ Jammu & Kashmir & Himachal Pradesh etc.

\*Letter not included in this compilation.

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COMMUNITY HEALTH CELL  
47/1, (First Floor), Ch. M. Road,  
Bangalore - 560 001.



These Regional Offices also have the facility of Mobile Extension Units which can be very useful in the Nutrition aspect of the I. C. D. S. Scheme in the selected blocks as well as in the training institutions engaged in the training of Anganwadi workers of the scheme. The State Governments are accordingly requested to address these regional offices as & when considered necessary, in the interest of collaboration.

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Copy of the do letter No 1-9/75—CD dated 16 June 1976 from the Department of Social Welfare Government of India to the State Governments, Union territory of Delhi and the concerned institutions.

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**Subject :—Correspondence relating to ICDS**

Reference is invited to this Department's letter No 1-9/75-CD dated 15 December 1975 under which the State Governments were requested to send a complete mailing list including the departments/officers to whom copies of common instructions/guidelines relating to ICDS should be directly endorsed by this Department. Accordingly, copies of such instructions, guidelines etc. relating to ICDS are being directly endorsed to the various departments and officers according to the mailing lists supplied by the State Governments. During discussions with the State Government officials at various forums, the following difficulties have been pointed out in following this procedure :

- (a) Some officers, intimately concerned with the implementation of ICDS, are not receiving copies of the common instructions, guidelines etc. issued by this Department ;
- (b) There have been changes in the mailing lists on account of transfers of officers, transfer of work from one department/office to another, involvement of additional functionaries in ICDS, etc. but these changes are not always brought to the notice of this Department with the result that, in some cases, copies of instructions, guidelines etc. relating to ICDS are being endorsed to officers who are not longer concerned with the scheme and its in some cases, the officers concerned with the scheme are not receiving such copies ; and

- (c) Some officers in the field have felt that they would be able to take action in accordance with the instructions, guidelines, issued by this Department after receiving necessary instructions from the State Government.

It is, therefore, felt that the procedure of direct endorsement of correspondence relating to ICDS to all the State Government officials by this Department has not fully served the purpose with which this procedure was adopted. At the same time, it is obvious that considerable delay will be caused in the receipt of such correspondence by the officers in the State Government at various levels if these have to be duplicated at the State level. It is, therefore, decided that this Department will address the correspondence to you. So far as correspondence containing common instructions, guidelines etc. is concerned, we will send you sufficient spare copies to enable you to send one copy thereof to each concerned department/officer/institution in your State along with your State Government's covering letter or endorsement. The number of copies required by you will depend upon the number of persons/departments/institutions to whom these copies have to be sent by you. According to our latest information, the mailing list for ICDS in your State will include the persons, departments and institutions shown in the enclosed statement. we will, therefore, in future, send you copies of all common instructions/guidelines relating to ICDS and we will stop endorsing copies directly to the other departments/officers/institutions in your State. It is requested that your department may communicate such instructions/guidelines etc. to all the concerned departments, officers and institutions expeditiously whenever these are received by you from this Department.

2. As regards common instructions, guidelines, etc. which have already been issued till last month, these are being printed in a consolidated compendium. Sufficient copies of the compendium will be sent to you in due course so that you may send one copy to each concerned department, officer and institution.

3. The above procedure will ensure that all officers, departments and institutions concerned with the implementation of ICDS have a complete set of instructions, guidelines etc. relating to ICDS, issued by this Department.

4. So far as bulk printed material (forms, cards, publicity material etc.) is concerned, such material is being sent to the concerned field officers by railway parcels. The bulk printed material will continue to be dispatched by railway parcels to the concerned field officers as and when the need arises.

5. Receipt of this letter may please be acknowledged.

Copy of the letter No. 14-2/76-CD dated 18 June 1976 from the Department of Social Welfare, Government of India, to the State Governments and the concerned institutions.

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**Subject :— ICDS projects-points arising out of the Workshop of regional/district level officers on 23-24 April 1976 at the National Institute of Public Cooperation and Child Development New Delhi.**

A two-day workshop of the regional/district level officers in charge of ICDS projects was organised by the National Institute of Public Cooperation and Child Development in New Delhi on 23 and 24 April 1976. The objectives of the workshop were to expose the regional/district level officers to the organisation and programme contents of the ICDS, to sensitise them on areas of inter-sectoral coordination in the implementation of the ICDS programme, to discuss the special features of development organisation in different districts so as to review and adapt the ICDS programme to suit local conditions, and to enable the regional/district level officers develop an insight into monitoring and supervision of the ICDS programme. A summary report of the workshop has been sent by the National Institute of Public Cooperation and Child Development to all concerned. The following clarifications and guidelines on the points, which emerged out of the deliberations of the said workshop, are being issued for the guidance of all concerned with the implementation of the ICDS programme.

## **1. Coordination**

The ICDS programme aims at an integrated delivery of a package of services to pre-school children, pregnant women and nursing mothers. The convergence of the services in the package in the same area and to the same group of beneficiaries naturally requires coordination of efforts of several departments and other agencies at different levels of administration. It was realised at the workshop that coordination is an administrative process in which both the structural relationship and attitudes of individuals play an important part. The following points may be urged in order to strengthen the process of coordination at different levels of administration:

- a) Coordination committees have been set up at the state, district and block levels. However, in some projects, these committees have not yet met. In order to strengthen the coordination process and to facilitate expeditious settlement of outstanding inter-departmental issues (if any), it is necessary that these coordination committees should meet regularly and review the progress of the ICDS projects. The following suggestions are made:



- i) meetings of the state level coordination committee may be convened on a quarterly basis and, if necessary, more frequently. The Collector or the District Development Officer, whoever is entrusted with the overall coordination of the ICDS project at the district level, and the district level Medical Officer may also be invited to the meetings of the state level coordination committee. A copy of the minutes of the meetings of the state level coordination committee may be endorsed to this Department.
- ii) The Collector or the District Development Officer, whoever is entrusted with the overall coordination of the ICDS project at the district level, can play an effective role if he takes personal interest in the programme. The meetings of the district level coordination committee may be convened on quarterly basis and, if necessary, more frequently. In respect of some ICDS projects, baseline survey and monitoring of the health and nutrition aspects of the projects have been entrusted to selected medical colleges. Each of these colleges has an ICDS Consultant who belongs to the Department of Paediatrics or the Department of Preventive and Social Medicine of the selected medical college. The names of medical colleges and ICDS Consultants have been communicated to all concerned under this Department's letters No. 2-9/76-CD dated 1 May 1976 and No. 2-20/76-CD dated 22 May 1976. The ICDS Consultant of the medical college should invariably be invited to the meetings of the district level coordination committee. The expenditure on his TA/DA is to be met from the grant being released to each medical college by the All India Institute of Medical Sciences, New Delhi (funds for this purpose have been arranged and will be released to the All India Institute of Medical Sciences in instalments). The CDPO and the Medical Officer in the PHC should also attend the meetings of the district level coordination committee. The Chairman of the Committee can invite such other officials and non-officials to the meetings of the committee as he deems fit. Representatives of local bodies (e.g. Zila Parishads/Zila Panchayats and important voluntary organisations in the field of child welfare may be included in the district level coordination committee and requested to attend the meetings.
- iii) Meetings of the block level committee may be held every month.
- iv) The CDPOs have to send monthly progress reports of the ICDS projects in the prescribed form. Copies of the

form for the monthly report have been sent to all concerned including the CDPOs. In item 9 of part D of the monthly progress report, a reference should be made to the dates of the meetings of the district level coordination committees and the important issues that might have come up for discussion at these meetings.

- b) As requested by this Department, the State Governments had earlier communicated the names and designations of the officers dealing with the ICDS programme at the state level. Similarly, the names, designations, addresses and telephone numbers of the officers, dealing with the ICDS programme at the district level, may also be communicated to this Department as well as to the concerned departments and agencies within the State in order to facilitate easy communication and effective cooperation in the field.

## **2. Programme delivery**

- a) The workshop felt that there should be a clear-cut demarcation and delineation of roles and responsibilities of various functionaries. The workshop devoted considerable attention to the functional equation amongst the BDO, CDPO and Medical Officers of PHC. Some participants pointed out that they have not received copies of guidelines etc. issued by this Department. The following clarifications are made:
  - i) This Department had earlier requested the State Governments to send a mailing list, including the names and addresses of all the concerned officers etc. at different levels, so that copies of all clarifications, guidelines, instructions etc., addressed to the State Governments may be simultaneously endorsed to all others who are concerned with the implementation of the ICDS programme. Copies of all communications are accordingly be indorsed by this Department according to the mailing lists received from the State Governments. In spite of this, it has often been stated by some officers at regional and district levels at different meetings that they have not been receiving copies of many letters issued by this Department. This Department is, therefore, taking two steps to remedy the situation. First, a compendium of all the general instructions, guidelines, clarifications etc., issued in regard to the ICDS programme, is being prepared and sufficient copies thereof will be sent to each State so that each officer/agency concerned with the implementation of the ICDS programme at different levels of administration can be given a copy thereof. Secondly, the State Governments,

have been informed that, in future, copies of general instructions, guidelines, etc., relating to ICDS will not be directly endorsed to the various departments and officers at different levels of administration in the State, but that sufficient copies of all such common instructions, guidelines etc. will be made available to the concerned department in the State Secretariat so that the State department in the State Secretariat may send a copy thereof, with appropriate covering letter or endorsement, to each concerned department, officer and institution at different levels of administration in the State. So far as bulk printed material (forms, health cards, etc.) is concerned, this will continue to be despatched to the concerned officers by railway parcels as and when the need arises.

- ii) It is obvious that the BDO, CDPO and Medical Officers together with Lady Health Visitors/Public Health Nurses, Mukhyasevikas, ANMs and anganwadi workers, constitute the whole programme delivery agency. The health infrastructure has obviously the function of delivering the health components of the programme. The guidelines and functional relationship between the CDPOs and BDOs have already been issued under this Department's letter No. 11-4/75-CD dated 5 January 1976. The CDPOs have to enlist the cooperation of all the official and concerned non-official agencies in the project area for the successful implementation of the entire programme.
- iii) The workshop felt that it would be too much to expect the anganwadi worker to undertake additional responsibility for functional literacy for women. In fact the work of functional literacy for adult women is to be entrusted to the anganwadi worker only where she can handle this additional work and is willing to undertake this additional work. If this is not the case, the work of functional literacy for adult women has to be entrusted to some other educated person—a school teacher or an educated woman in the village—who can be trained in imparting functional literacy to adult women. The anganwadi worker or the school teacher or any other educated woman, who undertakes this work of functional literacy is given an honorarium of Rs. 50/- per month for this work.
- iv) The concept of community level health workers has already been accepted. The anganwadi workers should be trained and equipped as community level health workers for effective delivery of health services under the ICDS programme.



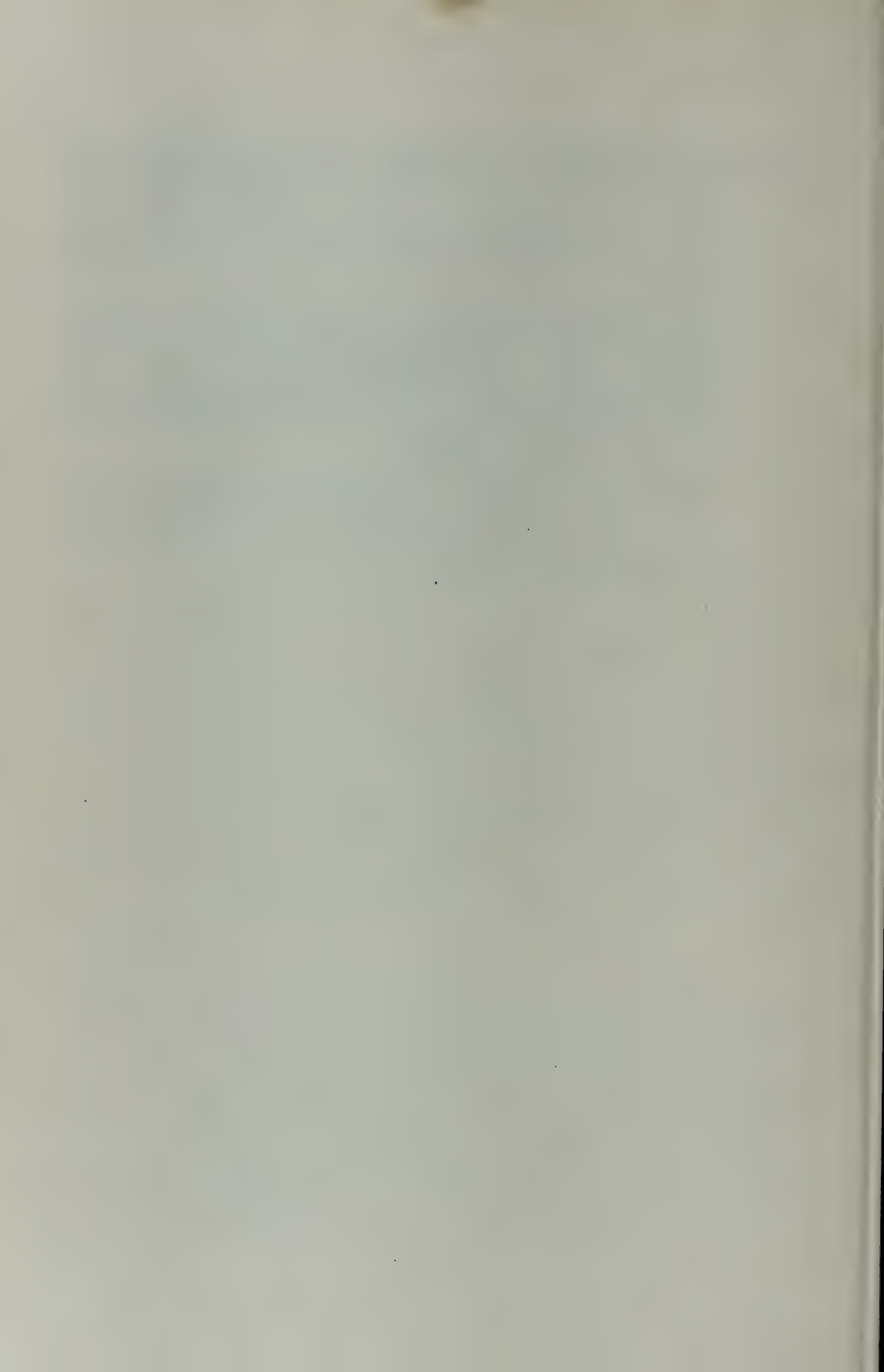
- b) The workshop felt that guidelines for deployment of anganwadi workers are not suited to tribal areas which are sparsely populated and scattered. In this connection, it is again clarified, as mentioned in paragraph 3 of this Department's letter No. 6-11/75—NCD dated 1 August 1975, that the guidelines issued by the Government of India can be adapted to suit local conditions because topography, the administrative set-up, the distribution of population etc. differ from area to area. In fact, in some tribal projects, the local authorities have been able to select a substantially large number of educated tribal girls from local villages in the project areas. However, in individual project areas, which are sparsely populated and where the incidence of education is still very unpopulable, it is possible to increase the number of workers to cover the entire population of children and mothers under the programme and to reduce the educational qualification and also further simplify the jobs of anganwadi workers.
- c) With regard to supplementary nutrition under the ICDS programme, the workshop emphasised the need for increased use of the locally available and locally produced food rather than depending on food made available through external/international sources. The workshop laid emphasis on health and nutrition education in the development of supplementary nutrition as an effective means of improving the nutritional status of children and mothers. The workshop also emphasised the need for efforts to acquire self-sufficiency in terms of indigenous supplementary food through wider community participation. Efforts by the local officials and agencies in this direction will be helpful in the successful development and implementation of ICDS as a community development programme. The ICDS programme should be viewed as a programme of the community (especially parents) for their own children and mothers, with Government as one of the aiding organisations, rather than as one more Government programme.

### 3. Monitoring

- a) Monitoring is a management process for a continuous review of the flow of inputs and outcome of outputs. It also helps introduce midcourse corrections, whenever necessary. As health is a major component of the ICDS programme and as there has been a growing awareness of the need for transmitting modern medical knowledge to the benefit of the disadvantaged sections of our community, the medical colleges have been involved in the monitoring of the health and nutrition components of the ICDS programme. Details of the involvement of the medical colleges in the monitoring of health and nutrition aspects of the programme have been communicated to the States under

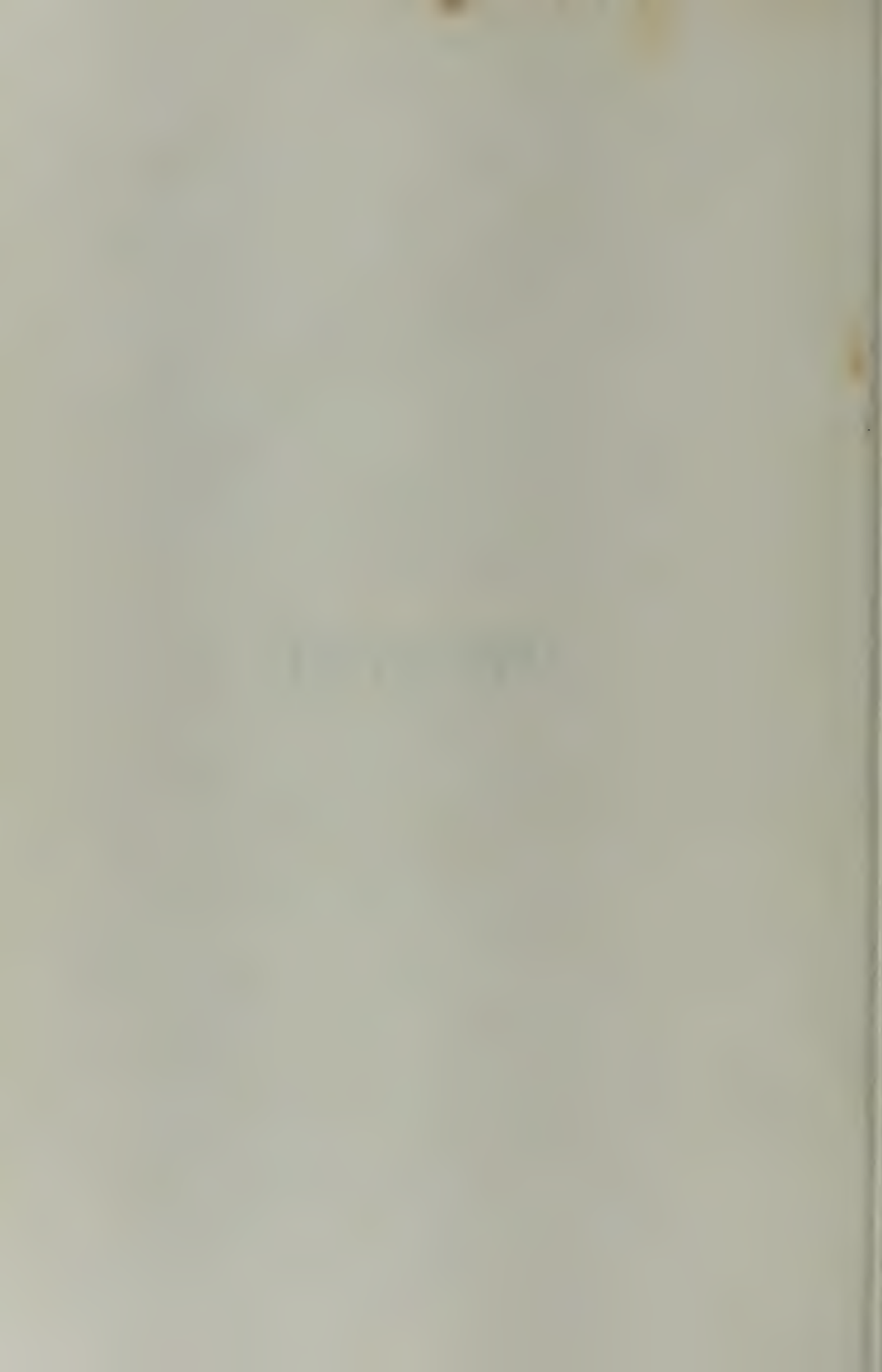
this Department's letters No. 2-9/76—CD dated 1 May 1976, No. 2-9/76—CD dated 10 May 1976 and No. 2-20/76—CD dated 22 May 1976. The concerned departments, officers and institutions of the State Govt. are requested to extend their necessary cooperation and support in the monitoring of health and nutrition aspects of the ICDS programme through medical colleges.

- b) The monthly progress reports of the CDPOs are very helpful in overseeing the development and implementation of the programme. Forms of monthly progress reports were sent to the State Governments and CDPOs under letter No. 9-12/75—CD dated 13 February 1976. The CDPOs should send one copy of the monthly progress report direct to this Department by the 15th day of the following month.
- c) Many remedial measures can be taken at the district and block level. This can be done if meetings of the district level and block level coordination committees are held regularly as suggested in paragraph 1 (a) above.





## APPENDICES



## STATEMENT SHOWING STATEWISE ALLOCATION OF ICDS PROJECTS AND ANGANWADIS

Sl. No.	Name of the State	Nature of Project area	Name of the Block selected	No. of Anganwadis	District
1.	2.	3.	4.	5.	6.
1.	Andhra Pradesh	Rural-1 Tribal-1	Kambadur Utnoor	100 100	Anantapur Adilabad
2.	Assam	Rural-1	Dhakuakhana	100	Lakhimpur
3.	Bihar	Rural-2	Manigachi Tarapur	150 84	Darbhanga Monghyr
4.	Gujarat	Tribal-1 Tribal-1	Barajamda Chhotaudepur	75 63	Singhbhum Baroda
5.	Haryana	Rural-1	Kathura	100	Sonepat
6.	Himachal Pradesh	Tribal-1	Pooh	50	Kinnaur
7.	Jammu & Kashmir	Rural-1	Kangan	54	Srinagar
8.	Karnataka	Rural-1	T. Narasipur	100	Mysore
9.	Kerala	Rural-1	Vengara	100	Malappuram
10.	Madhya Pradesh	Rural-1 Tribal-1	Singroli Tokapal	133 62	Sidhi Bastar
11.	Maharashtra	Tribal-1 Urban-1	Dharni A group of slums Goregaon, Malad, Kandivali and Borivali areas in Bombay	100 100	Amravati



1.	2	3.	4.	5.	6.
12.	Manipur	<i>Tribal</i> Rural-1	Umkrul	75	East District
13.	Meghalaya	Tribal-1	Songsak	50	Garo Hills
14.	Nagaland	Tribal-1	Zeliangkuki	50	Kohima
15.	Orissa	Tribal-1	Subdega	56	Sundergarh
16.	Punjab	Rural-1	Nurpur Bedi	100	Rupar
17.	Rajasthan	Tribal-1	Garhi	120	Banswara
18.	Sikkim	Rural-1	Gyalzing and Namchi Districts	125	
19.	Tamil Nadu	Urban-1	A group of slums selected by the State Government in Madras	100	Dharmapuri
		Rural-2	Thalli	100	Madurai
			Nilakottai	100	North Distt.
20.	Tripura	Rural-1	Chawmanu	50	Allahabad
21.	Uttar Pradesh	Rural-3	Shankargarh	148	Aligarh
			Jawan	130	Rai Bareilly
			Dalmau	100	Purulia
22.	West Bengal	Rural-1	Man Bazar	127	
		Urban-1	Ward No. 79 to 85	150	Calcutta
			Kidderpur area		
23.	Delhi	Urban-1	A group of slums in Jamamasjid, Matia-Mahal; Turkman Gate; Ajmeri Gate Area in Delhi.	100	

**NAMES AND ADDRESSES OF ANGANWADI TRAINING CENTRES  
AS ON 30 JUNE 1976**

1. The Principal,  
Gramsevika Training Centre,  
Rajendranagar, Himayat Sagar,  
Hyderabad, Andhra Pradesh.
2. The Principal,  
Gramsevika Training Centre,  
Samalkot P.O., East Godawari,  
Distt., Andhra Pradesh.
3. The Officer-in-charge,  
Tribal Women Training Centre,  
(Bharatiya Adimjati Sevak Sangh)  
Distt. Panchmahals, Jhalod,  
Gujarat.
4. The Principal,  
Gramsevika Training Centre,  
Taliparamba, Kerala.
5. The Principal,  
Gramsevika Training Centre,  
Meshobra P.O.,  
Himachal Pradesh.
6. The Principal,  
Balsevika Training Institute,  
Post Kosbad Hill, Via Cholvad  
(W. Rly.), Distt. Thana,  
Maharashtra.
7. The Principal,  
Gramsevika Training Centre,  
Shillong, Meghalaya.
8. The Principal,  
Gramsevika Training Centre,  
Jodhpur, Rajasthan.
9. The Principal,  
Balsevika Training Institute,  
(Indian Council for Child Welfare)  
1, Parkasa Mudali Street,  
Thyagurayanagar, Madras,  
Tamil Nadu.

10. The Principal,  
Agriculture Extension Training  
Centre, Afim Kothi,  
Distt. Partap Garh,  
Uttar Pradesh.
11. The Principal,  
Agriculture Extension Training  
Centre, Bichpuri, Agra,  
Uttar Pradesh.
12. The Principal,  
Agriculture Extension Training  
Centre, Disst. P.O.  
Raebareilly, Utter Pradesh:
13. The Principal,  
Gramsevika Training Centre,  
Mandya, Karnataka.
14. The Principal,  
Gramsevika Training Centre,  
Obaidullaganj, Distt. Raisen,  
Madhya Pradesh.
15. The Principal,  
Gramsevika Training Centre,  
Jorhat P.O., Sibsagar Distt.,  
Assam.
16. The Principal,  
Balsevika Training Centre,  
Kothi No. 650, Sector 16-D  
(Indian Council for Child  
Welfare), Chandigarh,  
Haryana.
17. The Principal,  
Gramsevika Training Institute,  
Powerkeda (Distt. Hoshangabad,  
Madhya Pradesh.
18. The Principal,  
Gramsevika Training Centre,  
Manjri, Poona Distt.,  
Maharashtra.
19. The Officer-in-charge,  
Adamjati Siksha Ashram,  
(Bharatiya Adimjati Sevak  
Sangh), Imphal, Manipur.



20. The Principal,  
Community Development Training,  
Centre, Batala, Punjab.
21. The Principal,  
Gramsevika Training Centre,  
Bhubaneswar (Puri Distt.),  
Orissa.
22. The Officer-in-charge,  
Services Home, Tambaram,  
Madras, Tamil Nadu.
23. The Principal,  
Gramsevika Training Centre,  
Sriniketan, via, Bolpur R.S.  
Dist. Birbhum, West Bengal.
24. The Principal,  
Balsevika Training Institute,  
(Indian Council for Child  
Welfare) Jagiriti Niketan,  
Jammu ( J & K ).
25. The Principal,  
Cramsevika Training Centre,  
Fulia Colony, Nadia;  
West Bengal.
26. The Principal;  
Balsevika Training Institute,  
(Indian Council for Child Welfare)  
Qudsia Garden, Delhi.
27. The Principal;  
Balsevika Training Institute,  
40. Romesh Mitra Road,  
Calcutta, West Bengal.
28. The Principal,  
Teachers Training Centre, Pelling,  
Near Gyalzing, Sikkim.
29. The Principal,  
Notre Dame Academy  
Monghyr. (Bihar)
30. The Principal,  
Comm, Dev. & Panchayati Raj Trg. Institute,  
Hehal, Ranchi (Bihar).
31. Director,  
F & CW. Training Centre,  
Gandhigram  
(Distt. Madurai)  
(Tamil Nadu)

# APPENDIX III

## NAMES AND ADDRESSES OF TRAINING CENTRES ENGAGED IN TRAINING OF SUPERVISORY STAFF UNDER THE SCHEMES OF ICDS & FUNCTIONAL LITERACY FOR ADULT WOMEN

State	Name and Address	Engaged in the training of
Delhi	(i) National Institute of Public Co-operation and Child Development, 7th Floor, Deepali, 92, Nehru Place, New Delhi-110024. Phone-634095.	State level officers incharge of ICDS programme.
	(ii) Family and Child Welfare Training Centre, Department of Social Work and Applied Social Sciences, Jamia Millia, Islamia, P.O. Jamianagar, New Delhi-110025. Phone :- 630270	(a) Chief Instructors/ Instructors of Anganwadi Workers training centres.  2) CDPO's and BDO's
Gujarat	(i) Family & Child Welfare Training Centre, VTK Institute of Rural Development at Samiala, P.O. Samiala, Distt. Baroda, Gujarat.	Mukhyasevikas/Supervisors
Uttar Pradesh	Literacy House, Alam Bagh, Lucknow Uttar Pradesh	Instructors of Anganwadi Training Centres

# APPENDIX IV

## STATEMENT SHOWING THE ICDS PROJECT AREAS RECEIVING WFP AND CARE FOOD ASSISTANCE\*

### (A) WFP

Sl. No.	Name of the State	Name of the ICDS Block	District
(1)	(2)	(3)	(4)
1.	Assam	Dhakuakhana	Lakhimpur
2.	Bihar	Manigachi Barajamda Tarapur	Darbhangha Singbhum Monghyr
3.	Himachal Pradesh	Pooh	Kinnaur
4.	Kerala	Vengara	Kozhikhode
5.	Maharashtra	<del>Dharni</del> Bombay (a group of slums)	
6.	Jammu & Kashmir	Kangan	Srinagar
7.	West Bengal	Man Bazar Ward No. 79 to 85, 23 bustees, Calcutta	Purulia
8.	Manipur	Umkehrul	East district
9.	Meghalaya	Songsak	Garo Hills
10.	Nagaland	Zeliangkuki	Kohima
11.	Tripura	Chawmanu	North District

### (B) CARE

Sl. No.	Name of the State	Name of the ICDS Block	District
(1)	(2)	(3)	(4)
1.	Andhra Pradesh	Kambadur Utnoor	Anantpur Adilabad
2.	Gujarat	Chhotadeupur (Tejgadh PHC area)	
3.	Haryana	Kathura	Sonepat



(1)	(2)	(3)	(4)
4.	Karnataka	T. Narasipur	Mysore
5.	Madhya Pradesh	Singroli Tokapal	Sidhi Bastar
6.	Maharashtra	Dharni <del>Bombay (a group of slums)</del>	Amravati
7.	Punjab	Nurpur Bedi	Rupar
8.	Rajasthan	Garhi	Banswara
9.	Tamil Nadu	Group of slums in Madras (to be selected by State Govt.)	
10.	Delhi	Jama Masjid, Matia Mahal, Turkman Gate Ajmeri Gate Areas, Delhi.	

Updated to June 76.

\* WFP/CARE food Assistance for ICDS projects was allowed as a purely temporary measure and the states have now to ensure provision of funds for the supplementary nutrition component of ICDS projects so that indigenous foods are used.

**STATEMENT SHOWING REGIONWISE GROUPING OF MEDICAL COLLEGES  
FOR BASELINE SURVEY AND MONITORING OF ICDS PROJECT AREAS**

Sl. No.	Name of the project	Medical College	Consultant
1.	2.	3.	4.
1.	Kambadur-R	S.V. Medical College, S.V.R.R. Hospital, Tirupati (A.P.)	Dr. K. Indirabai Prof. of Pediatrics.
2.	Utnoor-T	Institute of Child Health Niloufer Hospital, Hyderabad.	Prof. Y.C. Mathur, Additional Professor of Pediatrics. (Group convenor)
3.	Manigachi-R	D.M. College, Darbhanga, Bihar	Dr. Birendra Kumar Lecturer in Pediatrics
4.	Tarapur-R	Medical College, Patna	Dr. Gopalsaran, Head, Deptt. of Pediatrics,
5.	Barajamada-T	Ranchi Medical College, Ranchi	Dr. T.B. Prased, Head of the Deptt. of Pediatrics.
6.	Chhotaudepur-T	Medical College, Baroda	Dr. U.J. Modi, Prof. of Pediatrics
7.	Kathura-R	Medical College, Rohtak	Dr. Sunder Lal, Senior Lecturer, Social & Preventive Medicine Deptt.

8.	Pooh-T	Himachal Pradesh Medical College, Simla.	Dr. (Mrs.) Lalita Bahl, Asstt. Prof. of Pediatrics.
9.	Kangan-R	Govt. Medical College, Srinagar	Dr. G.M. Dhar, Asstt. Prof., Social & Preventive Medicine Deptt.
10.	T. Narasipur-R	Medical College, Mysore	Dr. Indira Amla, Programme Director.
11.	Vengara-R	Institute of Maternal & Child Health, Medical College, Calicut-8	Dr. K.C. Rajagopalan, Associate Prof. of Pediatrics.
12.	Singroli-R	Medical College, Rewa (M.P.)	Dr. D.S. Dave, Head Deptt. of Pediatrics.
13.	Tokapal-T	Medical College, Raipur (M.P.)	Dr. N.G. Prasanna, Head, Deptt. of Pediatrics.
14.	Dharni-T	M.G. Institute of Medical Science, Sevagram, Distt, Wardha.	Dr. Anand Tatte, Epidemiologist.
15.	Bombay-U. a group of slums substitute with Goregaon, Malad Kandivali and Borivali areas in Bombay.	Grant Medical College Bombay.	Dr. P.M. Shah, Prof. of Pediatrics (Group convenor)
16.	Nurpur Bedi-R	Post-graduate Institute of Medical Education & Research, Chandigarh.	Dr. Brij Nandan Singh Walia, Prof. of Pediatrics. (Group convenor)
17.	Garhi-T	R.N.T. Medical College, Udaipur.	Dr. T.P. Jain, Prof. of Preventive & Social Medicine.
18.	Madras U-(a group of slums selected by the State Govt.)	Madras Medical College, Madras.	Dr. Jayam Subramaniam, Lecturer in Pediatrics.

1.	2.	3.	4.
19.	Thalli-R	Coimbatore Medical College, Coimbatore.	Dr. V. Krishnan, Reader in Pediatrics.
20.	Nilakottai-R	Madurai Medical College, Madurai.	Dr. K.G. Kamala, Associate Reader in Pediatrics.
21.	Shankargarh-R	M.L.N. Medical College, Allahabad.	Dr. V.K. Aggarwal, Prof., & Head of Pediatrics Deptt.
22.	Jawan-R	J.N. Medical College, Aligarh Muslim University, Aligarh.	Dr. S.A.H. Zaidi, Senior Reader, of the Deptt. of Preventive and Social Medicine.
23.	Dalmau-R	K.G. Medical College, Lucknow.	Dr. J.V. Singh, Lecturer, Upgraded Deptt. of Social & Preventive Medicine.
24.	Manbazar-R	B.S. Medical College, Bankura.	Dr. Nihar Mukherjee, Deptt. of Preventive & Social Medicine.
25.	Ward No. 79 & 85 Kidderpore Area-U	All India Institute of Hygiene & Public Health 110, Chittaranjan Avenue, Calcutta.	Dr. K. Haldar, Prof. of Biochemistry & Nutrition. (Group convenor)
26.	A group of slums in-U Jamamasjid, Motia Mahal, Turkman Gate, Ajmeri Gate areas.	Deptt. of Pediatrics, A.I.I.M.S. New Delhi.	Dr. O.P. Ghai, Prof. of Pediatrics (Group convenor)
27.	Subdega-T	V.S.S. Medical College, Burla, Distt. Sambalpur, Orissa.	(to be nominated)
28.	Zeliangkuki-T	Naga Hospital, Kohima (Nagaland)	Dr. S.S. Joddar, Pediatric Specialist.

R=Rural

T=Tribal

U=Urban



**GROUPING OF MEDICAL COLLEGE CONSULTANTS  
FOR ICDS PROJECTS**

**Group-1**

1. Dr. Brij Nandan Singh Walia, (Group Convenor)  
Prof. of Pediatrics,  
Post-Graduate Institute of Medical Education,  
and Research, Chandigarh.
2. Dr. (Mrs.) Lalita Bahl,  
Asstt. Prof. of Pediatrics,  
Himachal Pradesh Medical College,  
Simla.
3. Dr. G.M. Dhar, Assistant Professor,  
Social & Preventive Medicine Deptt.,  
Government Medical College,  
Srinagar.
4. Dr. Sunder Lal, Senior Lecturer,  
Social & Preventive Medicine Deptt.,  
Medical College, Rohtak.

**Group-2**

1. Dr. O.P. Ghai, (Group Convenor)  
Prof. of Pediatrics,  
All India Institute of Medical Sciences,  
New Delhi-110016.
2. Dr. T.P. Jain,  
Prof. of Preventive & Social Medicine,  
R.N.T. Medical College,  
Udaipur.
3. Dr. V.K. Aggarwal,  
Prof. & Head of Pediatrics Department,  
M.L.N. Medical College,  
Allahabad.
4. Dr. S.A.H. Zaidi,  
Senior Reader of the Department of  
Preventive & Social Medicine,  
J.L.N. Medical College,  
Aligarh Muslim University,  
Aligarh.

5. Dr. J.V. Singh,  
Lecturer, Upgraded Deptt. of  
Social and Preventive Medicine,  
K.G. Medical College, Lucknow.

### Group-3

1. Dr. K. Haldar, (Group Convenor)  
Prof. of Biochemistry & Nutrition,  
All India Institute of Hygiene & Public Health,  
110, Chittaranjan Avenue,  
Calcutta.
2. Dr. Birendra Kumar,  
Lecturer in Pediatrics,  
D.M. Medical College,  
Darbhanga, Bihar.
3. Dr. Gopalsaran,  
Head, Department of Pediatrics,  
Medical College, Patna.
4. Dr. T.B. Prasad,  
Head of the Deptt. of Pediatrics,  
Ranchi Medical College,  
Ranchi (Bihar).
5. Dr. Nihar Mukherjee,  
Deptt. of Preventive & Social Medicine,  
B.S. Medical College,  
Bankura. (West Bengal)
6. The Principal,  
V.S.S. Medical College, Burla  
Distt. Sambalpur, Orissa.
7. Dr. S.S. Joddar,  
Paediatric Specialist,  
Naga Hospital,  
Kohima (Nagaland).

### Group-4

1. Prof. Y.C. Mathur, (Group Convenor)  
Additional Prof. of Pediatrics,  
Institute of Child Health,  
Niloufer Hospital,  
Hyderabad.
2. Dr. K. Indirabai,  
Prof. of Pediatrics,  
S.V. Medical College,  
S.V.R.R. Hospital,  
Tirupati (A.P.)

3. Dr. K.C. Rajagopalan,  
Associate Professor or Pediatrics,  
Institute of Maternal & Child Health,  
Medical College,  
Calicut-8.
4. Dr. Jayam Subramaniam,  
Lecturer in Pediatrics,  
Madras Medical College,  
Madras.
5. Dr. V. Krishnan,  
Reader in Paediatrics,  
Coimbatore Medical College,  
Coimbatore.
6. Dr. K.G. Kamala,  
Associate Reader in Pediatrics,  
Madurai Medical College,  
Madurai (Tamil Nadu).
7. Dr. Indira Amla,  
Programme Director,  
Postpartum Centre,  
Medical College,  
Mysore.

#### Group-5

1. Dr. P.M. Shah,  
Prof. of Pediatrics,  
Grant Medical College,  
Bombay. (Group convenor)
2. Dr. U.J. Modi,  
Prof. of Pediatrics,  
Medical College,  
Baroda.
3. Dr. N.G. Prasanna,  
Head of the Deptt. of Pediatrics,  
Medical College,  
Raipur (M.P.)
4. Dr. Anand Tatte,  
Epidemiologist,  
M.G. Institute of Medical Sciences,  
Sevagram, Distt. Wardha,  
Maharashtra.
5. Dr. D.S. Dave,  
Head, Department of Pediatrics,  
Medical College,  
Rewa (M.P.).

## APPENDIX VII

### RECOMMENDATIONS OF THE WORKSHOP ON "ROLE OF MEDICAL INSTITUTIONS IN INTEGRATED CHILD DEVELOPMENT SERVICES SCHEME" (18th and 19th Feb., 1976)

#### Summary of the Proceedings :

1. The outline of the integrated child development service scheme, the health component in the planned package of services and the possible role of medical institutions for monitoring the project was stressed by Prof. Ramalingaswami, Shri Ramachandran and Prof. B.N. Tandon.
2. Dr. Peter Greaves presented the UNICEF contribution, direct and indirect to this project. UNICEF is playing a very important role in providing assistance to different aspects of ICDS project. UNICEF experience with SCR is likely to be of great help in ICDS project.
3. Dr. Loven described the interest of World Health Organisation in the programmes related to child health care and assured the help for successful implementation of the scheme.
4. The Second and the Third Sessions on 18th February, 1976 were devoted to the presentation by experts, followed by discussion by the participants of the different health and nutrition components of ICDS scheme. These Sessions were meant to properly understand ICDS scheme so that the participants can decide their role in monitoring the project. The participant took keen interest in discussing different aspects of the project even though they knew that they have no direct responsibility in implementation and that most of the points under discussion were already the decisions of the concerned administrative authorities which were in the process of implementation.
5. Participants discussed at length the subject of health check-up of the beneficiaries. It was felt that the longitudinal weight record chart and health cards were some what complex and attempts should be made to make them simple. There was no unanimity on mass TAB vaccination and inclusion of measles vaccine in the immunization programme. It was felt that the message for nutrition education should be simple and straight forward and this can be extracted from the material already available from a number of institutions in the country.
6. Fourth Session was held in the forenoon of 19th February, 1976. Prof. K. Ramachandran described the following areas where medical colleges can play active role in the project :—



- (a) The development and continuous attainment of appropriate standards of performance. Obviously this development is possible only out of experience with the scheme as it progresses. Deliberate effort has expended to gather the necessary information and its feedback to permit progressive improvement in the standard setting and its attainment as the scheme is implemented.
- (b) Closely connected with the setting of standards of performance is allocation of responsibilities to the different functionaries (in the health service area) as the scheme progresses. This would imply, among other things, a continuing on the job training to the staff.
- (c) The strengths and weaknesses of programme operation need to be studied on continuing basis to introduce changes and modifications of procedures as and when needed.
- (d) Finally there is need to measure the degree of progress towards the ultimate goals—measurement of outcomes.”

The participants agreed with the suggestion of Dr. Ramachandran.

- 7. Specific functions of medical colleges in the ICDS project were discussed at length and the different points on which the agreement was made, were recorded. It became quite apparent that the participants were keenly interested in monitoring the project if they are provided appropriate facilities for their work.

### **Conclusion and Recommendations :**

- 1. The participants from medical colleges agreed for monitoring the health & nutrition aspects of ICDS project.
- 2. Participation in training programmes :—
  - (a) It was decided that medical colleges shall organise the training of doctors involved with ICDS project at the primary health centres. Agreed contents of the training shall be finalised. The training will be imparted on zonal basis or if possible central place, with the same group of teachers, to ensure common standards of performance. Demonstrations to trainees will be arranged at some successfully functioning field projects (ICDS type).
  - (b) The re-orientation of paramedical personnel with specific job responsibilities to ICDS will be organized by the medical colleges at the block level.

- (c) Medical colleges faculty with help in formulating the curriculum of training the paramedical personnel and participating in their training at the recognised training institutions of the States. (the Health Ministry can work out the proper mechanics for this).
3. Coordination Committee : It was decided that chief investigator of the medical college will be the member of district coordination committee of the ICDS scheme.
  4. Informal discussions with the primary health centre Staff : Periodic, once in 2-3 months, discussion with the primary health centre and block level staff was agreed to record the progress of the implementation of ICDS scheme and to make appropriate at the spot suggestions of the nature which could be implemented without much difficulty.
  5. It was decided to submit health care proforma and child card of some simplified nature for consideration by the health department. Dr. P.M. Shah will send a set of these forms to Dr. B.N. Tandon within one weeks time, with a copy to Social Welfare Department.
  6. It was decided that Dr. B.N.S. Walia will send a note on mass immunisation with TAB and measles vaccines in the ICDS project in light of the discussions held at the Workshop.
  7. It was agreed that Anganwadi worker may provide primary medical care. The specific conditions which she can handle at the village level were enumerated by Dr. P.M. Shah. Dr. Shah will send a consolidated copy of this to Dr. B.N. Tandon in one weeks time.
  8. The participants agreed to monitor the ICDS project on about 10% of sample which could be changed according to local factors. The contents of the monitoring were discussed in detail and it was decided that Dr. Ramachandran will prepare a proforma in one weeks time to include the agreed points for monitoring. This proforma will be circulated to the participants and if no reply is received within one week, it will be considered as accepted.
  9. It was decided to measure the outcome of ICDS project on the sample of population in reference to
    - (a) periodical weight
    - (b) selected deficiency sign
    - (c) infant and child mortality
    - (d) maternal mortality

10. It was decided that one person from each medical college will be nominated as the consultant for the project area. He will take the responsibility of monitoring the project. The budget for a senior fellow, per diem allowance on NSS or on local institutions scale whichever is more, cost of travel (either the charges for college transport or POL) and contingency grant will be provided to the consultants. The representative of each medical college was requested to send the budget under these four heads within the period of one week.
11. Line of communication : The medical college will communicate their observations on monitoring to the Social Welfare Department, Delhi with a copy to district health authority, Director Health Services and Director Social Welfare of the State.
12. Analysis of the data : Data collected by the team will be analysed either at the medical college or by developing some system after knowing the difficulties of the medical colleges.

## MONTHLY PROGRESS REPORT PROFORMA FOR CDPO Rural Tribal ICDS PROJECTS

**Monthly Progress Report for the month of.....**

(This report is to be sent by the CDPO to the State Government with a direct copy to Director (CD), Department of Social Welfare, Government of India, Shastri Bhavan, New Delhi, by the 15th day of the following Month.)

(This form is to be used for rural/tribal ICDS projects)

Block.....	Signature of the
District.....	reporting officer.....
State.....	Designation &.....
Population of ICDS project	Address.....
Area (1971).....	.....
No. of villages in ICDS	.....
project area.....	Date.....

### PART-A (Financial)

- |           |   |                           |
|-----------|---|---------------------------|
| <b>1.</b> | <b>Expenditure during the month under report</b>                                  |                           |
|           | <b>Item of expenditure</b>  | <b>Amount (in rupees)</b> |
|           | a) Salaries of health staff (doctor, LHVs, ANMs)                                  | .....                     |
|           | b) Salaries of other staff (CDPO, Assistant, Driver, Mukhyasevikas/Supervisors)   | .....                     |
|           | c) Honoraria (Anganwadi workers, helpers)   | .....                     |
|           | d) Medicines  | .....                     |
|           | e) Rent (LHVs/ANMs' buildings)  | .....                     |
|           | f) POL and maintenance of vehicle   | .....                     |
|           | g) Travelling allowances (health staff, other staff, anganwadi workers)           | .....                     |
|           | h) Equipment/materials for Anganwadis   | .....                     |
|           | i) Any other items :  |                           |
|           | ad valorem charges and delivery charges for equipment/vehicles supplied by UNICEF | .....                     |
|           | Printing, information and publicity support                                       | .....                     |
|           | .....   | .....                     |
|           | .....   | .....                     |
|           | .....   | .....                     |
|           | .....   | .....                     |
|           | .....   | .....                     |
|           | .....   | .....                     |
| <b>2.</b> | <b>Total expenditure till last month</b>  | <b>Total : .....</b>      |
| <b>2.</b> | <b>Total expenditure during the current financial year.</b>                       | <b>.....</b>              |



#### 4. Funds provided by the State Government for related services (in Rs.)

Programme	Implementing officer at the block level	Funds provided during the current financial year	Progressive expenditure during the current financial year	Remarks
Supplementary Nutrition (SNP)				
Applied Nutrition Programme				
Rural Water Supply				
Medicines for PHC/ Sub-centre				
POL (PHC)				

5. Mention any difficulties relating to funds and insufficient delegation of powers which affect the programme adversely, indicating the measures taken to solve them as well as any outstanding problems.

## PART—B (Personnel)

### 1. Health Staff

Category	(Number of posts sanctioned) (Number of posts filled)				
	Existing	Additional under MNP	Additional under integration of health & family planning workers	Additional from ICDS funds	Total
MO	( ) ( )	( ) ( )	( ) ( )	( ) ( )	( ) ( )
LHV/PHN	( ) ( )	( ) ( )	( ) ( )	( ) ( )	( ) ( )
ANM	( ) ( )	( ) ( )	( ) ( )	( ) ( )	( ) ( )

### 2. Other staff from ICDS funds

Category	Number sanctioned	Number filled	Remarks
CDPO			
Supervisors/ Mukhyasevikas			
Assistant			
Driver			
Anganwadi workers			
Helpers			No. of matriculates No. of non-matriculates

### 3. Training/Orientation in ICDS

Catergory	No. of those already tra- ined/oriented	No. of those under train- ing/orienta- tion	Name of the training institution	No. yet to be trained, oriented
{ Medical Officer				
LHV ANM				
CDPO				
Mukhyasevi- kas				
Anganwadi workers				

4. Mention any difficulties relating to staff (sanction of posts, appointments, training, timely payment of salaries and allowances etc.)

## PART—C (Physical facilities)

### 1. PRIMARY HEALTH CENTRE

a)	Is the building adequate?			
b)	Is it electrified?			
c)	Source of water supply to PHC?			
d)	Are sanitary latrines provided?			
e)	Are staff quarters provided?			
f)	Progress of upgradation to 30-bedded hospital?			
g)	Number of road-worthy vehicles?			
h)	Number of refrigerator (s) (Is it/are these in working condition?)			
i)	Is UNICEF assistance received for PHC?			
j)	Is there sufficient stock of Medicines (say yes or no)			
	Smallpox vaccine			
	Triple vaccine			
	BCG vaccine			
	Iron & folic acid			
	Vitamin-A			
k)	Mention the lack of any physical facilities which adversely affect the working of PHC.			
l)	Where is the BCG team located ?			
m)	Is the entire project area geographically divided amongst the total number of ANMs, LHVs and MOs ?			



## 2. PHC Sub-Centres

### (a) Buildings

Name of Sub-centre	Building (Govt./rented)	Electrified (Yes/No)	Source of water supply	Sanitary latrine (Yes/No)
-----------------------	----------------------------	-------------------------	---------------------------	------------------------------

- i)
- ii)
- iii)
- iv)
- v)
- vi)
- vii)
- viii)
- ix)
- x)
- xi)
- xii)
- xiii)
- xiv)
- xv)
- xvi)
- xvii)
- xviii)
- xix)
- xx)
- xxi)
- xxii)
- xxiii)
- xxiv)
- xxv)
- xxvi)
- xxvii)
- xxviii)
- xxix)
- xxx)

## b) Supplies

Name of sub-centre	Is UNICEF assistance received?	Bicycle/moped (Yes/No/Not required)	Is the stock sufficient (say yes or no)					
			Medicines	Iron & folio acid	Vitamin-A	Smallpox vaccine	Tetanus Toxoid	DPT/DT vaccine
i)								
ii)								
iii)								
iv)								
v)								
vi)								
vii)								
viii)								
ix)								
x)								
xi)								
xii)								
xiii)								
xiv)								
xv)								
xvi)								
xvii)								
xviii)								
xix)								
xx)								
xxi)								
xxii)								
xxiii)								
xxiv)								
xxv)								
xxvi)								
xxvii)								
xxviii)								
xxix)								
xxx)								

3. Mention the absence of any Physical facilities, medicines, vaccines etc. which adversely affect the work of the PHC/Sub-centre.

#### 4. CDPO

<i>Item</i>	<i>Provided/received? (Yes/No)</i>	<i>Remarks</i>
Office accommodation		
Office furniture		
Jeep		
Typewriter		

## 5. Mukhyasevikas (Supervisors)

Name of Head-quarter village	Accommodation provided (Yes/No)	Bicycle/moped provided (Yes/Not/Not required)	Remarks
------------------------------	---------------------------------	---	---------

## 6. Anganwadis

- a) Number of anganwadis required in the project.....
- b) Number of anganwadis for which accommodation is made available:

	Number
i) in panchayat building.....	.....
ii) in primary schools.....	.....
iii) in other public building.....	.....
iv) provided by community.....	.....
v) taken on rent.....	.....
vi) any other arrangement.....	.....
Total.....	.....

- c) Number of anganwadis in.....
- close vicinity of primary.....
- middle schools.....



d) Number of anganwadis which have the necessary materials :

Item	Number of anganwadis			Remarks
	having sufficient quantity	having insufficient quantity	Not having it at all	
Utensils for cooking				
Utensils for feeding				
Anganwadi equipment				
Health & Nutrition cards				
Stationery (forms & registers)				
First aid material				
Weighing scales.				

e) Number of anganwadi workers who have been supplied with a Guide-book (Guide to Anganwadi workers) : .....

## 7. Water supply

a) Number of villages having protected drinking water :

Source	Number of villages	Remarks
Piped water supply		
Dug wells (pucca)		
Tube wells		

b) Number of villages where work is in progress:

Name of work	Number of villages	Remarks
Piped water supply		
Dug wells (pucca)		
Tube wells		

c) Number of villages where drinking water supply arrangements are yet to be made

8. Mention any difficulties relating to the provision of physical facilities, indicating how these are being solved as well as any outstanding problems :

## PART—D (Services)

1. Total number of anganwadis required in the project:
2. Number of anganwadis which have started functioning:
3. Delivery of services:

Service	Number of anganwadis in which the service is being given	Remarks
Supplementary nutrition		
Immunisation		
Health check-up		
Referral services		
Health and nutrition education		
Non-formal education to pre- school children		

### 4. Progress of supplementary nutrition:

- a) Number of anganwadi reporting:
- b) Beneficiaries in the villages/areas covered by the reporting anganwadis:

Category	Total Number	No. selected and enlisted for supplementary nutrition	No. actually receiving supplementary nutrition		Number of feeding days in the month
			on the spot	take-home dry supplement	
1	2	3	4	5	6
Pregnant women					

1	2	3	4	5	6
Nursing mothers (for children below 6 months of age)					
Children (6 months and above but below 6 years of age)					

**5. Health (immunisation, health check-up and referral services):**

- (a) (Enclose a copy of the monthly report forwarded by the MO of PHC to the District Health Officer/District Medical Officer).
- (b) Are Anganwadis getting sufficient first aid material from PHC/ Sub-centres ?
- (c) Are the sub-centres getting sufficient quantities of medicines and vaccines from PHC?

**6. Health and nutrition education (during the month under report):**

- a) number of anganwadis reporting:
- b) total number of home visits by anganwadi workers during the month under report:
- c) number of one-day camps/ demonstrations arranged for village people :
- d) number of camps of longer duration:
- e) any other item of work (specify):
  - number of films shown :
  - number of folders distributed :
  - .....:
  - .....:
  - .....:
  - .....:

**7. Non-formal education for pre-school children (3 years and above but below 6 years):**

- a) number of anganwadis reporting
- b) number of children on rolls: :

- c) number of children attending: :
- d) number of anganwadi workers who have prepared the kit on non-formal education for pre-school children: :

**8. Supervision (during the month under report):**

- a) number of anganwadis reporting: :
- b) visits to anganwadis by supervisory staff: :
  - i) number of anganwadis visited by both the ANM and Mukhyasevika :
  - ii) number of anganwadis visited by Mukhyasevikas only.
  - iii) number of anganwadis visited by ANMs only. :
  - iv) number of anganwadis not visited by ANM or Mukhyasevika :
  - v) number of anganwadis visited by CDPO:
  - vi) number of anganwadis visited by LHV :
  - vii) number of anganwadis visited by PHC doctor ;
  - viii) number of anganwadis visited by District/State level officers :
- c) Are schedules of visits to anganwadis during subsequent month prepared (say yes or no) :
  - by CDPO :
  - by PHC doctors :
  - by LHVs :
  - by Mukhyasevikas :
  - by ANMs :

- 9. Mention any difficulties and special features regarding the flow of services under the scheme, indicating how the difficulties are being resolved, how the existing opportunities are being utilised, and whether there are any outstanding problems:
- 10. Mention how many meetings of the District and Block level coordination committees have been held and the dates of the meetings held during the month under report. Mention any point of great importance discussed at the meetings.



## PART—E (Community participation)

Indicate the extent of community participation in and contribution to the programme. This may be in the form of food, labour, cash donations, etc. (This should be a progressive picture and not limited to the month under report).

Nature of community participation/ contribution	Extent/quantity of community participation/contribution
1. (a) Number of Mahila Mandals and other voluntary organizations of women prior to ICDS project?	
(b) Number of Mahila Mandals and other voluntary organizations of women existing during the month under report?	
(c) How many of them are assisting the Anganwadi workers?	
2. In how many anganwadis are local women helping in cooking and feeding the children?	
3. How many anganwadis received community contribution in the form of fuel, food, utensils? What is the approximate value of these contributions?	
4. How many anganwadis received cash donations from the community? what is the total cash contribution by the community?	
5. How many Anganwadis are Providing with experience to elderly girls in Primary middle schools?	
6. In how many anganwadis the priemary/ middle school teachers/head masters are proveding guidance?	

## PART—F (Functional Literacy for Adult Women)

### 1. Expenditure:

a) Expenditure during the month under report:

Item of expenditure	Expenditure (in Rs.)
Honoraria to teachers of functional literacy classes (anganwadi workers and/or any others)	
Books & stationery (slates, primers, note-books, pencils, etc.)	
Rent and lighting charges.	
Raw material for vocational skills	
Non-recurring (box/almirah, lanterns, teacher's kit, equipment for craft)	
Salary of statistical Assistant in CPDO's office	
Any other item (specify)	
Total	

b) Expenditure till the end of the last month :

c) Total expenditure during the current financial year :

## 2. Services and Personnel :

Item	Category of teachers				Remarks
	Anganwadi workers	School teachers	Others	Total	
Number of teachers of functional literacy.					
Number of teachers trained in functional literacy.					
Name of the training institution.					
Number of functional literacy centres taken by each category of teachers.					
Number of adult women on rolls.					
Number of women attending the classes.					
Any other item (specify)					

### 3. Physical facilities:

#### a) Accommodation for functional literacy classes:

	Number of classes
i) in panchayat buildings	.....
ii) in primary schools	.....
iii) in other public buildings	.....
iv) provided by community	.....
v) taken on rent	.....
vi) any other arrangement	.....
Total	.....

#### b) Supply of materials to functional literacy classes:

Item	Number of functional literacy classes			Remarks
	having sufficient quantity	having insufficient quantity	not having at all	
Box or almirah and lantern (if required)				
Teacher's kit				
Equipment for craft				
Raw material for craft				
Primery books, slates, note-books, pencils, stationery				
Any other item (specify)				



#### 4. Miscellaneous:

- a) names of the departments/institutions which are providing technical support to the functional literacy programme.
- b) which language is used in functional literacy classes?
- c) which department/institution has developed/prepared the primers selected for the functional literacy classes?
- d) how many adult women have successfully completed the ten-month course of functional literacy? (report on this item will commence from January 1977).
- e) are there any other programmes of non-formal education in existence in the block (non-formal adult education, farmers' training etc.)? If so, please give details.

Programme	Duration of the course	Number of centres running at present	Number of trainees	Remarks
Non-formal adult education				
Total				

- f) Any other relevant information regarding functional literacy in the block:

## PART—G (Detailed Report on Services)

(to be sent on quarterly basis along with monthly reports for March, June, September and December every year).

1. Total population of ICDS project area :  
(1971 Census).
2. Number of Villages in the ICDS project area. :
3. Number of anganwadis required in the project. :
4. Number of anganwadis which are established :
5.
  - a) Number of anganwadi workers, who have prepared the lists of families in their villages/area of work.
  - b) Are these lists updated in the quarter under report? :
  - c) Population of these villages as per these lists :
    - i) total population :
    - ii) number of pregnant women :
    - iii) number of children below 3 years of age :
    - iv) Number of children of 3 years and above but below 6 years :
  - d) Population of these villages as per 1971 Census.
6. Supplementary nutrition
  - a) number of reporting anganwadis. :
  - b) total number of children below 6 years of age in the villages/areas covered by these anganwadis. :
  - c) number of children weighed during the last month of the quarter under report\*
  - d) their classification by weight for age during the last month of the quarter under report.

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\* i.e March or June or September or December, as the case may be.

	Number of children in the group
i) normal (weight falling above line I in weight growth chart, MCH Card II)	
ii) group I (weight falling between lines I & II in weight growth chart, MCH Card II)	
iii) group II (weight falling between lines II & III in weight growth chart, MCH Card II)	
iv) group III (weight falling between lines III & IV in weight chart, MCH Card II)	
v) group IV (weight falling below line IV in weight growth chart, MCH Card II)	

e) Food commodities used for supplementary nutrition:

Source	Food commodities	Recipes	Number of beneficia- ries	Remarks
State Government				
Local community				
CARE				
WFP				

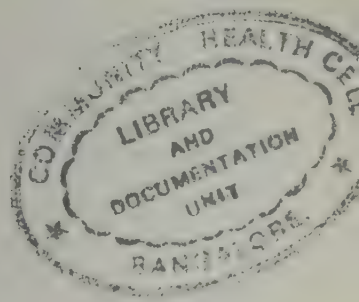
f) Daily ration:

Category	quantity of supplementary nutrition
Pregnant & nursing mothers	
Children 6-12 months	
1-3 years	
3-5+ years	

- g) i) number of children supplied with special weaning foods. :
- ii) contents and daily ration of special weaning foods. :
- iii) number of children hospitalized for nutritional therapy. :

7. Immunisations (progressive) :

- a) number of reporting anganwadis:
- b) total number of children below 6 years of age in the villages areas covered by these anganwadis.
- c) number of children covered under:-
  - i) smallpox primary vaccination :
  - ii) smallpox re-vaccination :
  - iii) BCG :
  - iv) DPT first dose :
  - v) DPT second dose :
  - vi) DPT booster dose :
  - vii) Polio (if required)-first dose :
  - second dose :
  - third does :



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## 8. Mortality

- a) number of reporting anganwadis :
- b) births during the quarter under report :
- c) infant (0-1 year) deaths during the quarter under report :
- d) pre-school child (1 year and above but below 6 years) deaths during the quarter under report :
- e) number of deaths in other age-groups during the quarter under report :
- f) total population of the villages/areas covered by the reporting anganwadis at the end of the quarter under report :

9. Mention any special features (based on observation) relating to the impact of the ICDS programme in the form of increased utilization of PHC/Sub-centre facilities, awareness of the health and nutrition needs of children, personal and environmental hygiene etc:

10. Mention any special features (based on observation) relating to the impact of the programme of Functional Literacy for Adult Women in the form of greater skills and awareness amongst women in their own fields of work, especially food and nutrition, child care, health and hygiene, home management etc:

### Abbreviations that can be used

ANM	Auxiliary nurse-midwife
AW	Anganwadi worker
CDPO	Child Development Project Officer
FL	Functional Literacy for Adult Women
ICDS	Integrated Child Development Services
LHV	Lady Health Visitor
MO	Medical Officer
MNN	Minimum Needs Programme
MS	Mukhyasevika (Supervisor of Anganwadi workers)
MCH	Maternity and Child Health
N	No
NA	Not available, not applicable
NR	Not required
PHN	Public Health Nurse
PHC	Primary Health Centre
POL	Petrol, Oil & Lubricants
SNP	Special Nutrition Programme
Y	Yes

## APPENDIX VIII B

### MONTHLY PROGRESS REPORT PROFORMA FOR CDPO (URBAN ICDS PROJECTS)

#### Monthly Progress Report for the month of

(This report is to be sent by the CDPO to the State Government with a direct copy to Director (CD), Department of Social Welfare, Government of India, Shastri Bhavan, New Delhi, by the 15th day of the following month)

#### PART-A (Financial)

#### 1. Expenditure during the month under report

Item of expenditure	Amount (in rupees)
a) Salaries of health staff (doctor, ANMs/HVs)	.....
b) Salaries of other staff (CDPO, Assistant, Driver, Mukhyasevikas/Supervisors)	.....
c) Honoraria (Anganwadi workers, helpers)	.....
d) Medicines	.....
e) Rent (anganwadis)	.....
f) POL and maintenance of vehicle	.....
g) Travelling/Conveyance allowances (health staff, other staff, anganwadi workers)	.....
h) Equipment/materials for Anganwadis	.....
i) Any other items :	
ad valorem charges and delivery charges for equipment/vehicles supplied by UNICEF	.....
Printing, information and publicity support	.....
.....	.....
.....	.....
.....	.....

Total :

2. Total expenditure till last month .....

3. Total expenditure during the current financial year. ....

4. Funds provided by the State Government for related services (in Rs.)

Programme	Implementing Officer at the block level	Funds provided during the current financial year	Progressive expenditure during the current financial year	Remarks
Supplementary Nutrition (SNP)				
Medicines for MCW Centres/ FWP Centres/ Hospitals linked with Urban projects of ICDS				
POL for Health Centres linked with Urban projects of ICDS				

5. Mention any difficulties relating to funds and insufficient delegation of powers which effect the programme adversely, indicating the measures taken to solve them as well as any outstanding problems.

### PART-B (Personnel)

#### 1. Health staff

Category (Number of posts sanctioned/Number of posts filled)

	Existing	Additional from ICDS funds	Total
M.O.	( ) ( )	( ) ( )	( ) ( )
ANM/HV	( ) ( )	( ) ( )	( ) ( )

#### 2. Other staff from ICDS funds

Category	Number sanc- tioned	Number filled	Remarks
----------	------------------------	---------------	---------

CDPO

Supervisors/  
mukhyasevikas

Assistant

Driver

Anganwadi  
workers

No. of matriculates  
No. of non-matriculates

Helpers



### 3. Training Orientation in ICDS

Category	No. of those already trained/oriented	No. of those under training/orientation.	Name of the training institution	No. yet to be trained/oriented
Medical Officer				
ANM/HV				
CDPO				
Mukhya-sevika				
Anganwadi workers				

4. Mention any difficulties relating to staff (sanction of posts, appointments, training, timely payment of salaries and allowances etc.)

## PART-C (Physical facilities)

### 1. Name of the health institution selected for ICDS services

a) Is the building adequate ?			
b) Is it electrified ?			
c) Source of water supply to PHC ?			
d) Are sanitary latrines provided ?			
e) Are staff quarters provided ?			
f) Number of refrigerator (s) (Is it/are these in working condition)?			
g) Is there sufficient stock of (say yes or no)			
Medicines			
Smallpox vaccine			
Triple vaccine			
BCG vaccine			
Iron & folic acid			

Vitamin-A			
Health & Nutrition Cards, forms, registers etc.			

2. Mention the absence of any physical facilities, medicines vaccines etc. which adversely affect the work of the Hospital/Health centres.

### 3. CDPO

Item	Provided/received (Yes/No)	Remarks
Office accommodation		
Office furniture		
Jeep		
Typewriter		

## Mukhyasevikas (Supervisors)

Jurisdiction	Accommodation provided (Yes/No)	Bicycle/moped provided (Yes/Not/Not required)	Remarks

## 5. Anganwadis

- a) Number of anganwadis required in the project.....
- b) Number of anganwadis for which accommodation is made available: '

	Number
i) in primary schools	
ii) in other public building	
iii) provided by community	
iv) taken on rent	
v) any other arrangement	
<b>TOTAL</b>	

- c) Number of anganwadis in close vicinity of primary/middle schools:



c) Number of anganwadis which have the necessary materials :

Item	Number of anganwadis			Remarks
	having sufficient quantity	having insufficient quantity	Not having it at all	
Utensils for cooking				
Utensils for feeding				
Anganwadi equipment				
Health and Nutrition cards				
Stationery (forms & registers)				
First aid material (Weighing scales)				

- d) Number of anganwadi workers who have been supplied with a Guide-book (Guide to Anganwadi workers)... . . . . .
- 6) Mention any difficulties relating to the provision of physical facilities, indicating how these are being solved as well as any outstanding problems:

### PART-D (Services)

1. Total number of anganwadis required in the project:
2. Number of anganwadis which have started functioning:
3. Delivery of services:

Services	Number of anganwadis in which the service is being given	Remarks
Supplementary nutrition		
Immunisation		
Referral services		
Health and nutrition education		
Non-formal education to pre-school children		

#### 4. Progress of supplementary nutrition:

a) Number of anganwadis reporting .

b) Beneficiaries in the areas covered by the reporting anganwadis .

Category	Total Number	No. select- ed & en- listed for supple- mentary nutrition	No. actually receiving supple- mentary nutrition		No. of feeding days in the month
			on the spot	take home dry supple- ment	
1	2	3	4	5	6
Pregnant women					
Nuring mothers (for children below 6 months of age)					
Children (6 months and above but below 6 years of age)					

#### 5. (Health immunization, health check-up and referral services):

- Enclose a copy of the monthly report forwarded by the MO of Hospital/Health centres linked with Urban projects of ICDS.
- Are Anganwadis getting sufficient first aid material from Hospital/ Health centre linked with Urban project of ICDS?

**6. Health and nutrition education (during the month under report):**

- a) number of anganwadis reporting :
- b) total number of home visits by anganwadi workers during the month under report:
- c) number of one-day camps/demonstrations arranged for village people:
- d) number of camps of longer duration :
- e) Any other item of work (specify) :
  - number of films shown :
  - number of folders distributed :  
..... :
  - ..... :
  - ..... :
  - ..... :

**7. Non-formal education to pre-school children (3 years and above but below 6 years):**

- a) number of angawandis reporting :
- b) number of children on rolls :
- c) number of children attending :
- d) number of anganwadi workers who have prepared the kit for non-formal education to pre-school children :

**8. Supervision (during the month under report):**

- a) number of anganwadis reporting :
- b) visits to anganwadis by supervisory staff:-
  - i) number of anganwadis visited by both the HV/ANM & Mukhyasevikas :
  - ii) number of anganwadis vitited by Mukhyasevikas only. ;
  - iii) number of anganwadis visited by HV/ANMs only :
  - iv) number of anganwadis not visited by ANM or Mukhyasevikas :



- v) number of anganwadis visited by CDPO :
- vi) number of anganwadis visited by doctor :
- vii) number of anganwadis visited by State level officials :
- c) Are schedules of visits to anganwadis during subsequent month prepared (say yes or no)? :
- by CDPO :
- by doctors :
- by HVs/ANMs :
- by Mukhyasevikas :

9. Mention any difficulties and special features regarding the flow of services under the scheme, indicating how the difficulties are being resolved how the existing opportunities are being utilised and whether there are any outstanding problems:
10. Mention how many meetings of the Project level/State level Coordination Committees have been held and the dates of the meetings held during the month under report. Mention any point of great importance discussed at the meetings.

### PART-E (Community Participation)

Indicate the extent of community participation in and contribution to the programme. This may be in the form of food, labour, cash donation, etc. (This should be a progressive picture and not limited to the month under report).

Nature of community participation contribution	Extent/quantity of community participation/contribution
<ol style="list-style-type: none"> <li>1. a) Number of women Committees and other voluntary organizations of women prior to ICDS project.</li> <li>b) Number of women Committees and other voluntary organizations of women from existing during the month under report.</li> <li>c) How many of them are assisting the Anganwadi workers.</li> </ol>	

2. In how many anganwadis are local women helping in cooking and feeding the children?	
3. How many anganwadis received community contribution in the form of fuel, food, utensils? What is the approximate value of these contributions?	
4. How many angawandis received cash donations from the community? What is the total cash contribution by the community?	
5. How many anganwadis are providing work experience to elderly girls in primary/middle schools?	
6. In how many Anganwadis the primary/middle school teachers/head masters are providing guidance.	
7.	

#### **PART-F (Functional Literacy for Adult Women)**

##### **1. Expenditure :**

a) Expenditure during the month under report:

Item of expenditure	Expenditure (in Rs.)
Honoraria to teachers of functional Literacy classes (anganwadi workers and/or any others)	
Books & stationery (slates, primers, note-books, pencils, etc.) Rent and lighting charges	

1	2
Raw material for vocational skills	
Non-recurring (box/almirah, lanterns, teacher's kit, equipment for craft)	
Salary of statistical Assistant in CDPO's office	
Any other item (specify)	
Total	

b) Expenditure till the end of the last month

c) Total expenditure during the current financial year :

## 2. Services and Personnel :

Item	Category of teachers				Remarks
	Angan-wadi workers	School teachers	Others	Total	
Number of teachers of functional literacy.					

1	2	3	4	5	6
Number of teachers trained in functional literacy.					
Name of the training institution.					
Number of functional literacy classes taken by each category of teachers					
Number of adults on rolls.					
Number of women attending the classes.					
Any other item (specify)					



### 3. Physical facility

#### a) Accommodation for functional literacy classes:

	Number of classes
i) in schools	
ii) in other public buildings	
iii) provided by community	
iv) taken on rent	
v) any other arrangement	
Total :	

#### b) Supply of materials to functional literacy classes :

Item	Number of functional literacy classes			Remarks
	having sufficient quantity	having insufficient quantity	not having at all	
Box or almirah and lantern (if required)				
Teacher's kit				
Equipment for craft				
Raw material for craft				
Primer books slates, note books, pencils stationery				
Any other item (specify)				

#### 4. Miscellaneous:

- a) names of the departments/institutions which are providing technical support to the functional literacy programme.
- b) which language is used in functional literacy classes?
- c) which department/institution has developed/prepared the primers selected for the functional literacy classes?
- d) how many adult women have successfully completed the ten-month course of functional literacy? (report on this item will commence from January 1977).
- e) are there any other programmes of non-formal education in existence in the project area (non-formal adult education, farmers' training etc.)? If so, please give details.

Programme	Duration of the course	Number of centres running at present	Number of trainees	Re-marks
Non-formal adult education				
TOTAL				

- f) Any other relevant information regarding functional literacy in the block:

## **PART-G (Detailed Report on Services)**

(to be sent to quarterly basis along with monthly reports for March, June, September and December every year).

1. **Total population of the ICDS project area**  
(1971 Census) :
2. **Number of slums in the ICDS project area** :
3. **Number of anganwadis required in the Project.** :
4. **Number of anganwadis which are established** .
5. a) **Number of anganwadi workers who have prepared the lists of families in their areas of work.** :
- b) **Are these lists updated in quarter under report?** :
- c) **Population of the project area as per these lists:** :
  - i) **total population** :
  - ii) **number of pregnant women** :
  - iii) **number of children below 3 years of age** :
  - iv) **number of children of 3 years and above but below 6 years** :
- d) **Population of areas covered by these anganwadis as per 1971 Census.** :
6. **Supplementary nutrition:**
  - a) **number of reporting anganwadis** :
  - b) **total number of children below 6 years of age in the areas covered by these anganwadis.** :
  - c) **number of children weighed during the last month of the quarter under report.\*** :
  - d) **their classification by weight for age during the last month of the quarter under report:-** :

\*(i.e., March or June or September or December, as the case may be)

	Number of children in the group
i) normal (weight falling above Line 1 in weight growth chart, MCH Card II)	
ii) group I (weight falling between lines I & II in weight growth chart, MCH Card II)	
iii) group II (weight falling between lines II & III in weight growth chart, MCH Card II)	
iv) group III (weight falling between lines III & IV in weight growth chart MCH Card II)	
v) group IV (falling below line IV in weight growth chart, MCH Card II)	

e) Food commodities used for supplementary nutrition:

Source	Food commodities	Recipes	Number of beneficiaries	Remarks
State Government				
Local community				
CARE				
WFP				



f) Daily ration:

Category	quantity of supplementary nutrition
Pregnant & Nursing mothers	
Child 6-12 months 1-3 years 3-5+ years	

- g) i) number of children supplied with special weaning foods: :
- ii) contents and daily ration of special weaning foods. :
- iii) number of children hospitalised for nutritional therapy. :

7. Immunisations (progressive): :

- a) number of reporting anganwadis :
- b) total number of children below 6 years of age in the areas covered by these anganwadis. :
- c) number of children covered under:- :
- i) smallpox primary vaccination :
- ii) smallpox re-vaccination :
- iii) BCG :
- iv) DPT first dose :
- v) DPT second dose :
- vi) DPT booster dose :
- vii) Polio (if required)-first dose :
- second dose :
- third dose :

8. Mortality

- a) number of reporting anganwadis :
- b) births during the quarter under report :

- c) infant (0-1 year) deaths during the quarter under report
- d) pre-school child (1 year and above but below 6 years) deaths during the quarter under report
- e) number of deaths in other age groups during the quarter report
- f) total population of the areas covered by the reporting anganwadis at the end of the quarter under report

9. Mention any special features (based on observation) relating to the impact of the ICDS programme in the form of increased utilisation of health infrastructure facilities, awareness of the health and nutrition needs of children, personal and environmental hygiene etc:

10. Mention any special features (based on observation) relating to the impact of the programme of Functional Literacy for Adult Women in the form of greater skills and awareness amongst women in their own fields of work, especially food and nutrition, child care, health and hygiene, home management etc:

#### **Abbreviations that can be used**

ANM	Auxiliary nurse-midwife
AW	Anganwadi worker
CDPO	Child Development Project Officer
FL	Functional Literacy for Adult Women
ICDS	Integrated Child Development Services
HV	Health Visitor
MO	Medical Officer
MNP	Minimum Needs Programme
MS	Mukhyasevika (Supervisor of Anganwadi workers)
MCH	Maternity and Child Health
N	No
NA	Not available not applicable
NR	Not required
POL	Petrol, Oil, & Lubricants
SNP	Special Nutrition Programme
Y	Yes

## MONTHLY PROGRESS REPORT PROFORMA FOR ANGANWADI WORKER

(Monthly Progress report of the Anganwadi  
Worker is to be sent to the Child  
Development Project Officer by the 5th  
day of the following month)

### Part A (I.C.D.S.)

1. Name of the Village :
2. Name of the block ;
3. Date of commencement of  
anganwadi :
4. Hours of work in the  
anganwadi :
5. Expenditure (if any amount  
is handled by the anganwadi) worker  
during the month :

item of expenditure	amount spent (in rupees)
.....	.....
.....	.....
.....	.....
.....	.....
Total : .....	.....

6. Have you received training  
in I.C.D.S.? If so, mention  
the name of the training  
institution :
7. In which building are you  
running the anganwadi?  
If it is private accommodation,  
is it given free or on rent?

8. Do you have the following materials in the anganwadi?

Item	Mention whether you have sufficient quantity or insufficient quantity or you do not have it.
(i) Utensils for cooking	
(ii) Utensils for feeding	
(iii) Food commodities for	
(iv) supplementary feeding Anganwadi equipment	
(v) Health and nutrition cards	
(vi) Stationery, forms & registers	
(vii) First aid material (to be received from PHC/ANM)	

9. Do you have a copy of the Guide to Anganwadi Workers?
10. What is the source of water supply in your village?  
Do you have protected drinking water for the anganwadi?
11. Are the following services started in your village/anganwadi?

Service	Yes or No
supplementary nutrition	
immunization of children & pregnant women	
health check up of children, pregnant women and nursing mothers	



Service	Yes or No
referral of children and mothers to PHC and district hospital	
health and nutrition education	
non-formal education to pre-school children	

12. Supplementary nutrition coverage:

	pregnant women	nursing mothers (for children below 6 months)	children (6 months & above but below 6 years)	Total
Total number in your village or area of work				
number selected and enlisted for supplementary nutrition				
number actually receiving supplementary nutrition feeding at the anganwadi				
number receiving supplementary nutrition as dry take-home package due to long distance etc.				
number of feeding days during the month				

13. Are you getting sufficient first-aid material from PHC/Sub-centre (simple medicines, ointment, dressing material etc.)?
14. Health & Nutrition Education (during the month under report)
- (a) How many homes were visited by you during the month under report?
  - (b) Number of one-day camps/ demonstrations arranged in your village/anganwadi for village people during the month under report.
  - (c) Number of Camps of longer duration.
  - (d) Mention any other relevant items (like showing films, distribution of folders etc.)
15. Non-formal education for pre-school children (3 years and above but below 6 years)
- (a) Number of children on rolls
  - (b) Number of children attending the anganwadi :
  - (c) Have you prepared your kit for non-formal education to pre-school children?
16. Mention the visits to your anganwadi during the month under report :

Visitor	Number of visits	Remarks
ANM		
Mukhyasevika (Supervisor)		
C.D.P.O.		
L.H.V.		
PHC Doctor		
Any State/ District level officer		

17. Did the ANMs and Mukhyasevikas send you in advance the schedule of their visits to your anganwadi during the month under report?
18. Is a mahila mandal or some other voluntary organisation of women formed in your village/area. Is this mandal/organisation providing you guidance and assistance?
19. How is the community participating in or contributing to this programme? Are local women helping you in cooking and feeding the children? Has the community contributed anything in the form of money, food, fuel, utensils, etc? If yes, give details:

Signature of the Anganwadi  
worker.

### Part B (Functional Literacy for Adult Women)

1. Date of commencement of the functional literacy class in your village/anganwadi :
2. Hours during which the functional literacy class is held:

3. Expenditure during the month (if you are entrusted with handling any item of expenditure yourself )	Item	Amount spent (in Rs.)
	.....	.....
	.....	.....
	.....	.....
	.....	.....
	.....	.....
	Total.....	.....

4. Who takes the functional literacy class? You or school teacher or someone else?
5. Have you/she received training in functional literacy?
6. Name of the training Institution:
7. Number of adult women on rolls :
8. Number of adult women attending the classes:
9. In which building is the class held ?  
If it is a private building, is it given free or on rent?
10. Supply of materials:

Item	Mention whether you have received sufficient quantity or insufficient quantity or not received.	Remarks
box/almirah and lantern (if required)		
teacher's kit		
equipment for craft		
raw material for craft		
primers, slates, note-books, pencils, stationery		
any other item (specify)		

11. Which language is used in functional literacy class?
12. If there is no functional literacy class in your village/area mention any other non formal education programme that is being implemented: in your village/area.

Signature of Anganwadi Worker.



### Part C (Detailed Report on certain items)

(to be sent on quarterly basis along with monthly progress reports for March, June, September and December every year).

1. 1971 population of your village/  
area of work:
2. (a) Have you prepared the list  
of families for your village/  
area of work?  
  
(b) Have you updated it during  
the quarter under report?  
  
(c) Current population of your  
village/area of work as per  
this list:
  - (i) Total population:
  - (ii) number of pregnant women :
  - (iii) number of children below  
3 years of age :
  - iv) number of children of  
3 years and above but below  
6 years of age:
3. (a) Total number of children below 6  
years of age in your village/  
area of work  $2(c)(iii) + 2(c)(iv)$ :  
  
(b) Number of children weighed  
during the last month of the  
quarter under report:  
  
(c) Their classification by weight  
for age during the last month of  
the quarter under report :

Group	Number of children in the group
i) normal (weight falling above line I in weight growth chart, MCH Card II)	
ii) group I (weight falling between lines I & II in weight growth chart, MCH Card II)	
iii) group II (weight falling between lines II & III in weight growth chart, MCH Card II)	
iv) group III (weight falling between lines III & IV in weight growth chart, MCH Card II)	
v) group IV (weight falling below line IV in weight growth chart, MCH Card II)	

4. Who is supplying you food commodities for supplementary nutrition?
5. What are these food commodities :
6. What recipes are you preparing and serving to beneficiaries of supplementary nutrition?
7. What is the daily ration of supplementary nutrition:

Category	quantity of supplementary nutrition
pregnant & nursing mothers	
children 6-12 months	
1-3 years	
3-5+ years	

8. (a) How many children are given special weaning foods?
- (b) What are the contents (composition) and daily ration of the special weaning foods?
- (c) Number of children (if any) from your village/area of work, who are hospitalized for nutritional therapy/rehabilitation:
9. (Total number of children below 6 years in your village/area of work who have received the following immunisations (progressive)

Immunisation	Number of children
Small pox primary vaccination	
Small pox revaccination	
B.C.G.	
DPT first dose	
DPT second dose	
DPT booster dose	
Polio (if required) first dose	
Polio second dose	
Polio third dose	

10. Births and deaths in your village/  
area of work :
- (a) number of live births during  
the quarter under report :
- (b) number of infant (0-1 year)  
deaths during the quarter  
under report :
- (c) pre-school child (1 year and  
above but below 6 years)  
deaths during the quarter  
under report :
- (d) number of deaths in other age-  
groups during the quarter  
under report :
- (e) total population of your  
village/area of work at the  
end of the quarter under  
report :
11. Give your observations about the impact of ICDS programme (Are mothers making greater use of PHC/ANM for themselves and their children? Are women approaching you with their problems? Did you refer any cases to PHC/ANM? Are women responding to ideas of personal and environmental hygiene, health and nutrition needs of children etc?)
12. Give your observations about the impact of the functional literacy programme (Are women enthusiastic in gathering for functional literacy? Are there any signs of increase in their interest, awareness and skills in their own fields of work, especially food and nutrition, child care, health and hygiene, home management etc.?)

Signature of the Anganwadi worker



**RECORD PROFORMA FOR ANGANWADI WORKER**  
**UNDER I.C.D.S.**

- |                    |  |
|--------------------|--|
|                    | 1. List of families in the 'Village Abstract'.   |
|                    | 2. Register of pre-school children.  |
| Plain<br>note book | 3. Diary (Details of daily work like cooking & feeding, nonformal education, home visits etc., number of referrals, referred to ANM for immunisation etc.) |
| Plain<br>note book | 4. Visitors' book  |
|                    | 5. Cash Book   |
|                    | 6. Register of Assets  |
|                    | 7. Register of consumable stores (other than first aid material)   |
| Same<br>as 7.      | 8. Register of first aid material  |
|                    | 9. Register of supplementary nutrition feeding.  |
|                    | 10. Register of non-formal pre-school education.   |
|                    | 11. Register of duplicate weight charts of all children below 6 years.   |

**Functional Literacy**

1. Cash Book (same as for ICDS)
2. Register of Assets (same as for ICDS)
3. Register of consumable stores (same as per ICDS)
4. Register of functional Literacy class.

**M.S.**

1. Tour diary.
2. Information sheet for each village and anganwadi in her area.

# List of families in the village

Name of village:

Name of block

Name of tehsil  
taluka:

Name of district:

1971 population  
Month of preparation  
of this register

S.No.	Name of person	Male/ female	Age	Literate or illiterate	Weight	Occupation	Landholding in case of agricultur- ists	App. In- come	House No.	Sc/ St	Re- marks
1	2	3	4	5	6	7	8	9	10	11	12

## Abstract

After completing the list, prepare the following abstract:-

1. Name of village/area:
2. Month & Year of preparation of the list:
3. Population:

Present

1971 Census

- (a) Males:
- (b) Females
- (c) Total

4.

Present population of pre-school children.

- (a) No. of children below 6 months:
- (b) No. of children 6 months and above but below one year:
- (c) No. of children one year and above but below 2 years.
- (d) No. of children 2 years and above but below 3 years.
- (e) No. of children 3 years and above but below 6 years.
- (f) Total No. of children below 6 years.

5. Population of women in the age group 15-44 years.

- (a) total population of women in 15-44 years age group;
- (b) no of unmarried women (15-44 years)
- (c) no of married women (15-44 years)
- (d) other (widows, divorcees etc.)
- (e) no. of pregnant women
- (f) no. of nursing mothers:
- (g) No. of illiterate women (15-44) years)

6. No. of malnourished pre-school children needing supplementary nutrition:-

- (a) 0-6 months
- (b) 6 months and above but below 1 year:
- (c) 1 year and above below 3 years:
- (d) 3 years and above but below 6 years:
- (e) Total

7. No. of severely malnourished pre-school children
  - (a) 0-6 months
  - (b) 6 months and above but below 1 year:
  - (c) 1 year and above but below 3 years:
  - (d) 3 years and above but below 6 years:
  - (e) Total
  
8. No. of pre-school children needing hospitalisation
  - (a) 0-1 year:
  - (b) 1-3 years:
  - (c) 3-6 years:
  - (d) total
  
9. No. of pregnant women in need of supplementary nutrition
  - (a) No. belonging to SC/ST:
  - (b) No. belonging to landless labourers (other than :  
SC/ST)
  - (c) No. belonging to marginal farmers holding less than one hectare)
  - (d) No. belonging to other poor sections (family income less than Rs. 300 p.m.)
  - (e) total
  
10. No. of nursing mothers in need of supplementary nutrition.
  - (a) No. belonging to SC/ST:
  - (b) No. belonging to landless labourers (other than SC/ST):
  - (c) No. belonging to marginal farmers (holding less than one hectare)
  - (d) No. belonging to other poor Sections (family income less than Rs. 300 p.m.)
  - (e) total



### **Explanatory notes regarding list of families.**

1. In col. 4, age of children below 6 yrs should be shown in years and months. For others, the age may be shown in years. In respect of children below 6 yrs, please make appropriate enquiries to ascertain the correct age if the parents/guardians cannot indicate the age correctly.
2. Col. 6 (weight) is to be filled for children below 6 yrs only.
3. Col. 7 (occupation): mention the occupation of the head of family/earning members; mention household against women doing only domestic work; mention the class against children going to school; mention 'nil' against non-occupied persons.
4. Col. 9 (Income): income may be shown on monthly basis or annual basis as may be convenient.
5. Mention any special feature like particular disease, handicap etc. in 'remarks column'.
6. The list should be prepared in such a way that all the members of a family are enlisted before commencing the entries of another family. The serial order of house numbers may also be followed.
7. Col. 11 mention SC/ST, wherever applicable.
8. If necessary, the format may be suitably modified to include any other details that may be considered desirable from the local point of view.

### **Explanatory notes regarding the abstract.**

1. In item 5, (a) should be equal to (b) (c) (d).
2. In item 6, all children whose weights fall below lines II, III & IV in the weight growth curve (MCH Card II already sent to states and training institutions) should be included.
3. In item 7, mention the number of children whose weights fall between lines III & IV in the weight growth curve.
4. In item 8, mention the number of children whose weights fall below line IV in the weight growth curve.
5. Seek the guidance of ANMs/doctors and mukhyasevikas/CDPO in case of doubt regarding selection of pre school children, pregnant women and nursing mothers.

### Register of Pre-school Children

S.No,	Name of the child	Name of father or Mother	Date of Registration	Age on the date of registration (in years & months	House number Address	Remarks
1	2	3	4	5	6	7

### Register of Consumable Stores

Sr. No.	Date	Quantity received Items	Quantity consumed Items	Balance
1	2	3	4	5

### Register of Assets

Sr. No.	Item	Quantity	Date of receipt	Received from whom? (Is it received under the project or is it a gift from individuals/ community).	Remarks
1	2	3	4	5	6

### Cash Book

Date	Opening balance	Receipts	Received, from whom?	Expenditure	Item of expenditure	closing balance	Remarks
1	2	3	4	5	6	7	8

# Register of supplementary nutrition feeding

## Part A (for Children)

Month of.....

S. No.	Name of the Child	Age (in years and months)	Sex	Attendance	12345678910111213141516171819202122232425262728293031	Remarks
1	2	3	4	5	6	

## Register of supplementary nutrition feeding

### Part B (for pregnant women & nursing mothers)

Sr. No.	Name of beneficiary	Age (in Pre-gnant/Years) nursing	Attendance	12345678910111213141516171819202122232425262728293031	Remarks
1	2	3	4	5	



Register of non-formal pre-school education

S. No.	Name of the Child	Age (in years & months)	Attendance	Month.....	Remarks
1	2	3	4		5

Register of Functional Literacy Class

S. No.	Name of the Women/Age	Attendance	Month.. .....	Remarks
1	2	3		4

## BACKGROUND DATA PROFORMA ABOUT ICDS PROJECT AREA

Area of the Block.....

No. of villages.....

Total Population.....  
(1971)**1. Demographies features**Name of the Headquarter town.....  
.....

- a) Total population, villagewise,  
sexwise ;

**SC/ST population ;  
villagewise**

population of women (15-44 years) and children (0 to 2  
& 3 to 5). villagewise ; births and deaths and per village  
Birth and Death Register (Annexure I)

- b) Indicate the composition of population on the basis of religious, ethnic groups etc.

**2. Educational Infrastructure**

- a) Annexure II

- b) Sum up the picture for project area ; indicate any data available on school drop-outs.

**3. Health Infrastructure**

- a) Names and locations of hospital, PHCs, dispensaries, sub-centres etc.

- b) Existing health staff—no. of doctors, health visitors/health nurses, female health workers, basic health workers, health workers under Special Programmes etc., and the names of villages where they are located.

- c) Give a descriptive picture (with such statistics as may be available) on the basis of PHC records and any surveys/studies that might have been made regarding the health and nutritional status of pre-school children, pregnant women and nursing mothers, the incidence of infant and child mortality and morbidity, any special health problems of the project area, performance of the programmes of immunization, prophylaxis against anaemia and blindness due to Vitamin A deficiency, etc.

- d) Indicate the names of villages and number of beneficiaries under the nutrition programmes, if any, that may be under implementation.

**4. Other Organizational Infrastructure**

- a) Indicate the existing governmental set-up, revenue, civil

supply, block (including block staff & field staff such as BDO, EOs, Mukhyasevikas, VLWs etc.) etc.

- b) Indicate any special programme, that may be in operation in the project area, and its organisational set-up along-with their location—such as, Family and Child Welfare Project, Applied Nutrition Programme, any Special Programme under Tribal Sub-plan (in cases of Tribal areas only), any special slum improvement programme (in case of urban project only), regional family planning training centre, any institution of special significance, etc.

#### **5. Non-governmental Infrastructure**

- a) Annexure III
- b) Give a picture of the project area as to how many villages in all have mahila mandals, yuvak mandals, panchayats, other voluntary or local organisations in the project area ; how many balwadies exist in project area; how many of these are run by voluntary organisations, how many mahila mandals/balwadies etc., receive grants from State Social Welfare Advisory Board, State Council of Child Welfare, Harijan Sevak Sangh, Adimjati Sevak Sangh, etc. (mention separate figures for each organisation) ; whether there are any other voluntary or local organizations ; how can mahila mandals etc., be organised to run ICDS anganwadis in villages which do not have mahila mandals or other suitable voluntary organisation or local body to run the anganwadies.

#### **6. Miscellaneous Infrastructure**

- a) Annexure IV.
- b) Sum up the picture of the project area ; indicate total area in square Kms, and total road length of different categories, number of villages electrified, no. of villages having post offices, no. of villages having SNP and the no. of beneficiaries, etc.

#### **7. Some Agro-Economic Features**

- a) Brief account of rainfall pattern, soil, topography, agricultural production (main crops, cultivated area, area under irrigation, total annual production of main crops in a normal, year etc.), no. of cultivating house holds no. of agricultural labourers, etc.
- b) Small Scale and Cottage Industries in the project area ; mention locations of important industries.
- c) Cooperative and banking infrastructure in the Project area (For rural and tribal projects only).
- d) Small Scale and Cottage Industries in the project area mention locations of important industries.
- e) Any other special feature

## 8. ICDS Project implementation

- a) Indicate available buildings and the selection of building and implementing agency for the anganwadi (Annexure V) ; mention how many of the agencies are to be financed through SSWAB, ICCW etc. & how many will be financed directly.
- b) When will the supervisors (i.e. mukhyasevikas) be stationed ? Mention the names of villages which will be their centres, (Annexure VI)
- c) Give the names of villages of all the sub-centres of PHC, including the new posts of female health workers as well as earlier posts (Annexure VII) ; indicate how the sub-centres will be distributed amongst Lady Health Vistors/ Health Nurses and PHC doctors for supervision etc.
- d) Indicate proposed measures for local production and composition of nutrition foods through applied nutrition programme and community involvement ; arrangements for storage and distrbutrion of food at the block & village in respect of food bought locally or received from community/CARE/WFP etc ; supply of cooking and eating utensils (eating utensils should be cheap like plastic or aluminum plates & glasses) to each village ; arrangments for cooking fuel condiments etc ; preparation of local recipes (apart from guidelines issued by Government of India from time to time, advice for the State Nutrition Officer of the States Nutrition Department if there is one, and the PHC doctors and ANMs should be sought), etc.
- e) Indicate measures proposed for health and nutrition education ; applied nutrition programme ; communication media etc.
- f) Indicate arrangsmnts for storage of drugs and vaccines and for delivering the services of immunization, health check-up and referral services ; prepare a schedule of field operations in consultations with PHC doctors so that anganwadis can be frequently visited by doctors/LHV/ ANMs etc ;
- g) PHC & CDPO should have a list of the working hours of each anganwadi. This should be supplied to all functionaries LHV/ANM/Mukhyasevikas etc.
- i) How is the community proposed to be involved in the whole programme ?
- j) Maintenance of records and progress-reporting ; one advance copy of the monthly report should be endorsed by CDPO to Director (Child Development), Department of Social Welfare, Shastri Bhavan, New Delhi.
- k) Indicate issues, if any, on which Government decision is sought.



## ANNEXURE I

Population (1971 Census)

Sr. No.	Name of village (mention no. of hamlets, if any, in brackets)	Total population	Male population	Female population	Population of Scheduled castes	Population of Scheduled Tribes	Population of women in 15-44 age group)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
	Population of children in 0-2 age group (i.e. below 3 years of age)	Population of children in 3-5 age group (i.e. 3 years and above but below 6 years of age)			Births during 1971-75 as per Birth & Death Register		Death during 1971-75 as per Birth & Death Register
		(9)	(10)		(11)		(12)
	No of deaths of children below 1 year during 1971-75 as per Birth & Death Register	No of deaths of children in 1-5 are group (i.e. 1 year and above but below 6 yrs) during 1971-75 as per Birth & Death Register					Remarks
	(13)		(14)				(15)

## ANNEXURE II

### Educational Infrastructure

#### Use Abbreviations

Y—Yes

N—No

NA—Not available/not applicable

Sl. No.	Name of village*	Does a school exist? (mention if there are more than one)	pto what standard?	No. of rooms in Schools	No. of teachers living in the village	Total No. of teachers	Is there sufficient accommodation in the school for running anganwadi and functional literacy class?
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
	Are sanitary and drinking water arrangements in the school satisfactory?	Is mid-day meals' Programme functioning?	Area of open land available with school building		Is the open land used for agricultural production?	Can this land be used for production? Providing work experience to children and using the produce for feeding?	
(9)		(10)		(11)		(12)	(13)

Percentage of literacy	Enrolment in primary age-group 6-11 years or Class I to V (in 1975-76)	Remarks
(14)	(15)	(16)

### ANNEXURE III

#### Non-governmental Infrastructure (Say Yes or No or Not available-Y or N or NA)

Sl. No.	Name of village	Mahila Mandal	Yuvak Mandal	Panchayt	Balwadi	Any other voluntary or local organisation (mention its category)	Remarks		
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)

# ANNEXURE IV

## Miscellaneous Infrastructure

Use abbreviations, wherever possible

Y—Yes

N—No

AN—Not available or  
Not applicable

S.No.	Name of village	Total Population (1971)	Is safe drinking water available?	Source of drinking water supply	Is it connected by all weather road	If not dis- tance from nearest all weather road in Kms.	Is there a post Office?
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Is it electrified?	Does SNP exist? If yes, mention number of benefi- ciaries?	(9)	(10)	Any other important facility or any specific want	(11)	Remarks	(12)



# ANNEXURE V

S.No.	Name of village	Total population of the village	No. of anganwadi required	Mention the building to be used for storing the material of the anganwadis and the functional literacy classes as well as for running these anganwadis/classes, *
1	2	3	4	5

Name of the implementing agency@	Working hours of the anganwadi	Working hours of the functional literacy class	Remarks
6	7	8	9

\*Panchayat ghar, primary school, library, unused residential building of VLW etc. if the building or space in some building provided by the community or some local person, mention its house number : if the village community has agreed to construct a simple structure, it should preferably be near the primary school; in other words, mention how the space is arranged or proposed to be arranged for running the anganwadis and functional literacy classes

@i.e. mahila mandal, yuvak mandal, panchayat etc., if the anganwadi is run directly by Government in the absence of any such organisation, mention 'government' but also indicate as to what type of organisation is proposed to be set up so that the anganwadi can be subsequently entrusted to it.

## ANNEXURE VI

### Supervisors' Centres

Sr. N. of Supervisor (i.e. Mukhyasevika)	Name of Centre	Names of villages in the charge	Remarks
1	2	3	4

## ANNEXURE VII

### Health sub-centres

Sl. No. of Sub-centre	Name of the sub-centre village	Names of villages covered by the sub-centre	Remarks
1	2	3	4

## APPENDIX XII

### PUBLICATION BROUGHT OUT BY CENTRAL HEALTH EDUCATION BUREAU KOTLA ROAD, NEW DELHI-1

#### ENGLISH & HINDI BROCHURES

		Price per Brochure	Price per 100 Bro- chures
		Rs. P.	Rs. P.
E N G L I S H			
English	1. Swasth Hind Souvenir	2.00	200.00
-do-	2. All India Leprosy Directory (II ED)	1.00	100.00
-do-	3. Yogic Therapy	1.00	100.00
-do-	4. Hand Book of First Aid and Elements of Home Nursing & Hygiene	0.50	45.00
-do-	5. Health in India (in Pictures) Pt. II	0.50	45.00
-do-	6. Training of Dais	0.25	20.00
-do-	7. Venereal Diseases in India	0.25	20.00
-do-	8. Voluntary Organisations & India's Health Programme	0.25	20.00
-do-	9. National Leprosy Control Programme	0.25	20.00
-do-	10. Contributory Health Services Scheme	0.10	10.00
-do-	11. Health Services for Mothers & Children	0.05	5.00
-do-	12. Cancer	0.05	5.00
-do-	13. Leprosy is Curable	0.05	5.00
-do-	14. Yours Heart is precious Save it	0.05	5.00

## H I N D I

			Price per Brochures	Price per 100 Bro- chures
Hindi	15.	Kusht Rogion Ke Hath Paon Ki Dekh-Rekh, (Care of Hand & Feet of Leprosy Patients)	1.00	100.00
-do-	16.	Asha Visits the Dentist	0.10	10.00
-do-	17.	Care of Ear	0.10	10.00
-do-	18.	Care of Nose	0.10	10.00
-do-	19.	Mansik-Swasthya	0.05	5.00
-do-	20.	Apka Harida Amulya Hai Iski Raksha Kijiye	0.05	5.00
-do-	21.	Bachchon Ke Vyavharik Smasyayen pt. I	0.05	5.00
-do-	22.	Bachchon Ke Vyavharik Smasyayen Pt. II	0.05	5.00
-do-	23.	Bachchon Ke Khel Khilone	0.05	5.00
-do-	24.	Kusth Ka I Laj Aur Roktham Sambhav Hai	0.05	5.00
-do-*	25.	Preparation for confinement	0.10	10.00
-do-	26.	Your Health-How to improve Health	0.25	25.00

\*Also available in Hindi-(English version out of stock)

\*\*Available both in English and Hindi



## HINDI FOLDERS

		Price per folder	Price per 100 folders
1.	Mastishkarti (Encephalitis)	0.03	3.00
2.	Zun Aur Iski Roktham (Lice)	0.03	3.00
3.	Doctor Se Apki Pahli Bhent (AMCW) (Folder on prenatal check up)	0.03	3.00
4.	Kash Main Dhumra pan Na Karta I wish I had not started smoking	0.03	3.00
5.	Sankramak Pandurog (Pillia)	0.03	3.00
6.	Durghatnaon Se Bacha ja Sakta Hai (Accidents can be prevented)	0.03	3.00
7.	Bai Pakshaghat (Infantile Paralysis)	0.03	3.00
8.	Haiza Aur Iski Roktham (Cholera & How to prevent it)	0.03	3.00
9.	Makhion Se Bachv	0.03	3.00
10.	Makhi Hamari Shatru	0.03	3.00
11.	Kala Azar Se Bacha Ja Sakta Hai	0.03	3.00
12.	Typhus can be prevented (Typhus Ki Roktham)	0.03	3.00
13.	Danto Ki Safai (Kab aur Kaise)	0.03	3.00
14.	Prathmik Swasthya Kendra	0.03	3.00
15.	Alark Rog	0.03	3.00
16.	Chechak aur Iske Lakshan	0.03	3.00
17.	Ratij Vrnabh	0.03	3.00
18.	Updansh	0.03	3.00
19.	Dengue fever se Bacha Ja Sakta Hai	0.03	3.00
20.	Gole Krimi	0.03	3.00
21.	You can prevent dysentery (Aap Pechish se Bach Sakte Hain)	0.03	3.00
22.	Cancer Ki Shighra Pahachan se Jiwan Bach sakta Hai	0.03	3.00
23.	Kushta Sansarg Se Bachchon Ko Bachaiye	0.03	3.00
24.	Apne Ap Elaz Karana Khatrnak Ho Sakta Hai	0.03	3.00

25.	Lu Aur Tapaghat Se Bachaye	0.03	3.00
26.	Naru Rog	0.03	3.00
27.	Lathyrism is a preventive Paralysis	0.03	3.00
28.	Dad (Ring Worm)	0.03	3.00
29.	Bukhar Hone par Rakt ki (Janch Karaiye)	0.03	3.00
30.	Jathar Antrashoth Se Bachiye	0.03	3.00
31.	Are you a Smoker?	0.03	3.00
32.	Polio can be prevented	0.03	3.00
33.	Vitamines for your diet	0.03	3.00

## ENGLISH FOLDERS

		Price per folder Rs. P.	Price per 100 folders Rs. P.
1.	Influenza and How to prevent it	0.03	3.00
2.	Encephaltis and How to Prevent it	0.03	3.00
3.	Infantile Paralysis	0.03	3.00
4.	Gonorrhoea	0.03	3.00
5.	Measles	0.03	3.00
6.	Ringworm	0.03	3.00
7.	Threadworm	0.03	3.00
8.	Round worm	0.03	3.00
9.	You can stop food adulteration	0.03	3.00
10.	Lice and their control	0.02	3.00
11.	Beware of lice	0.03	3.00
12.	You can prevent Kalazar	0.03	3.00
13.	Vitamins for your diet	0.03	3.00
14.	You can prevent Jaundice	0.03	3.00
15.	Syphilis	0.03	3.00
16.	When unexpected happens	0.03	3.00
17.	Smoking and cancer	0.03	3.00
18.	You can prevent scrub typhus	0.03	3.00
19.	Stop Fly Nuisance	0.03	3.00
20.	Chancrod	0.03	3.00
21.	You can prevent Dengue Fever	0.03	3.00
22.	You can prevent Dysentery	0.03	3.00
23.	You can prevent Gestroenteritis	0.03	3.00
24.	You can prevent Lathyrism	0.03	3.00
25.	You can prevent typhoid	0.03	3.00
26.	You can prevent Rabies	0.03	3.00
27.	Hookworm	0.03	3.00
28.	Early detection of cancer saves life	0.03	3.00
29.	Self Mediciation can be dangerous	0.03	3.02
30.	Guinea-worm	0.03	3.00
31.	Are you a Smoker?	0.03	3.00
32.	Polio can be prevented	0.03	3.00

## P O S T E R S

		Price per Poster	Price per 100 Pos- ters
		Rs. P.	Rs. P.
1.	Breast Milk Best for infants	0.35	30.00
2.	Courtesy Begets Courtesy	0.35	30.00
3.	Examination Takes Time-Please be patient	0.35	30.00
4.	Wait for your turn	0.35	30.00
5.	Help Eradicate Malaria-Get Blood Tested	0.35	30.00
6.	Our Children need Health Recreation	0.35	30.00
7.	Avoid this-use smokeless Chulha	0.25	20.00
8.	Fly Spreads Diseases-Don't take Exposed cut fruits	0.25	20.00
9.	Catch your Cough & Sneezes in a Handkerchief	0.25	20.00
10.	Handicapped Child must be helped	0.25	20.00
11.	Eat these for better Health	0.25	20.00
12.	Teeth are for life time.	0.35	30.00

N.B. :- The Posters marked (\*) are available with Hindi and English captions separately. Other posters are bilingual and each carries captions both in English as well as Hindi.



Annexure to letter No. 2-9/76-CD dated 10 May, 1976 to CDPOs/BDOs of ICDS projects.

## Annexure

### Explanatory note for filling statements 1 & 2, required for selection of sample for baseline survey of rural/tribal ICDS projects

#### Statement-1

The health infrastructure in ICDS projects is strengthened from the ICDS budget in order to have at least one ANM (i. e. female health worker) for a population unit of 5000. The entire ICDS project area has to be redivided in an adequate number of sub-centres by utilising the services of all the ANMS, the existing ANMS, the additional ANMS sanctioned under the Minimum Needs Programme and/or under the scheme of Integration of Health and Family Planning and Nutrition Services, and the additional ANMS sanctioned from the ICDS budget. If one or two ANMS are kept at the PHC headquarters and they are not put in charge of any sub-centre, such ANMS may be excluded. The number of the remaining ANMS will represent the number of sub-centres in the ICDS project area. The names of the villages, where the sub-centres are located, are to be shown in this statement. The distance of each village, where the sub-centre of the ANM is located, from the PHC is also to be shown in the statement. The statement should also indicate whether the ANM is in position or not as on 1 May 1976 in each sub-centre. If the entire ICDS project area has not yet been redivided into the total number of ANMs i. e. sub-centres, (excluding the ANMS, if any, whose services are being utilised at the PHC and who are not in charge of any sub-centre), such division of the ICDS project into sub-centres should be immediately completed. (You have to approach the PHC Medical Officer for this purpose.) and the information in statement-1 should be given on the basis of such division of the ICDS project area into the total number of ANMs i. e. sub-centres.

#### Statement-2

The area of jurisdiction of each ANM will have several anganwadis i. e. anganwadi centres. Locations of all the anganwadi centres in the area of each sub-centre should be shown in the statement along with the distance of each anganwadi centre from the sub-centre. This information is to be given irrespective of whether the anganwadi centre and/or the

ANMS sub-centre has started functioning or not. As regards the anganwadi centre, five situations are possible in the matter of appointment of anganwadi workers. These Five situations are indicated below by five symbols (A,B,C,D & E) :

A=Trained anganwadi worker in position at the anganwadi

B=Untrained anganwadi worker in position at the anganwadi

C=Anganwadi worker under training

D=Anganwadi worker selected but neither appointed nor sent for training

E=Vacant i. e. anganwadi worker not yet selected

In column 6 of Statement-2, use the correct symbol to indicate the position regarding the appointment of anganwadi worker in each anganwadi as on 1 May, 1976. If the entire ICDS project area has not already been divided into the required number of anganwadi centres, this work should be completed immediately and the statement should be filled on the basis of such division of the entire ICDS project into an appropriate number of anganwadi centres. It is expected that the number of anganwadi centres in the area of each sub-centre will be about 4 to 7. That is why. 7 entries have been provided against each sub-centre in the form which is enclosed herewith. In case there are more than 7 anganwadis in the area of any sub-centre, an additional entry may be made in ink or pencil. If the number of anganwadis in any sub-centre is lower than 7, some rows in the form will remain empty.

### **General**

Three copies of forms, including statement-1 and statement-2, are sent herewith. Copies of these forms need not, therefore, be typed in the block office. One copy of the form, including statement-1 and statement-2, should be returned to this Department within a week, dully filled in correctly, along with the map as mentioned in the covering letter.

# STATEMENT-1

## 1. General

1.1 Name of ICDS Project:

1.2 Block headquarters:

1.3 Village/town where PHC is located:

1.4 Distance of the PHC from Block headquarters (if PHC is not located at Block headquarters:

.....Kms

## 2. Details of Lady Health Visitors (LHV)/Public Health Nurses (PHN) and Sub-centres

S.No.	LHV/ PHN HQs	Distance of 2 from PHC (in Kms)	Sub-centres under LHV/ PHN (names of villages where sub- centres are located	Distance of sub-centre (in Kms) From PHC From LHV/ PHN HQs	ANM is in position or not (yes or no) on
1.					
2.					
3.					
4.					
5.					
6.					
7.					

2.

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.

3.

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.

4.

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.



# STATEMENT-2

S.No.	Village in which Sub-centre is located (as in column 4 of statement-1)	Anganwadis in the area of Sub-centre (i.e. names of villages, covered by the Sub-centre in which each anganwadi is located	Distance of anganwadi (in Kms) From PHC	From Sub-Centre	Position regarding appointment of Anganwadi worker as on (use the symbol A,B,C,D or E)
1	2	3	4	5	6
1.		1.			
		2.			
		3.			
		4.			
		5.			
		6.			
		7.			
2.		1.			
		2.			
		3.			
		4.			
		5.			
		6.			
		*7			

NOTE: \*Space to be provided upto 28 Numbers having 7 columns each as illustrated above.

## APPENDIX XIV

### SPECIMEN OF HEALTH CARDS (6 Nos.)

#### SUPPLEMENTARY NUTRITION BENEFICIARY CARD

पूरक पोषाहार लाभ प्राप्तकर्ता का कार्ड

S. No.

क्रम संख्या

Name

नाम

Name of father/mother/husband

पिता/माता/पति का नाम

Age

आयु

Sex

पुरुष/स्त्री

House No.

मकान संख्या

Village/locality

गांव/स्थान

Block/Ward

घटक/वार्ड

District

जिला

Date of issue

जारा करने की तिथि

Signature or stamp of  
Anganwadi worker

आंगनवाडी कार्यकर्ता के हस्ताक्षर

अथवा मोहर

Date तिथि	Jan. जन.	Feb. फर.	Mar. मार्च	Apr. अप्रै	May मई	June जून	July जुला	Aug. अग.	Sep. सित	Oct. अक्तू	Nov. नव.	Dec. दिस.
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
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22												
23												
24												
25												
26												
27												
28												
29												
30												
31												

## IMMUNISATION CARD

(To be given to mothers)

### प्रतिरक्षीकरण कार्ड

(माताओं को देने के लिए)

PHC/S.C./I.C.D.S. Centre

प्राथमिक स्वास्थ्य केन्द्र/उप केन्द्र/

समेकित बाल विकास सेवा केन्द्र

Regn. No.

Village No.

पंजीकरण संख्या

गाँव की संख्या

Name

(नाम)

Address

(पता)

L. M. P.

E. D. D.

अन्ति रा : स्त्राव

प्रसव की सम्भावित तारीख

Date of delivery

प्रसव की तारीख

Special remarks by doctor if any :

डाक्टर की विशेष टिप्पणी यदि कोई हो :—

---

Keep this card in safe custody. When you become pregnant again or if you sustain any injury show this card to the doctor who attends on you. It will help him to give you the right treatment and protect you from tetanus.

यह कार्ड सभाल कर रखें। दुबारा गर्भवती होने पर या कोई चोट लगने पर उपचार करने वाले डाक्टर को यह कार्ड दिखाएं। इससे उसे आपका सही इलाज करने और टेटेनस से बचाने में सहायता मिलेगी।

P.T.O. (कृपया उलटिये)



# IMMUNISATION SCHEDULE

## प्रतिरक्षीकरण अनुसूची

Tetanus Toxoid

टेटेनस टाक्साइड

Dose मात्रा	Date तारीख	Signature हस्ताक्षर

REFERRAL CARD/(PATIENT'S CARD)

**परामर्श कार्ड/ (रोगी का कार्ड)**

ANM/C.H. Card No.

सहायक मिडवाइफ और नर्स/क्लीनिक पर, कार्ड संख्या :—

Name

Village

नाम

गांव

Age

Sex

आयु

पुरुष/स्त्री

Reasons for Referral :—

परामर्श के कारण :—

Referred to :—

किस के पास/किस में भेजा गया है :

Signature \_\_\_\_\_

हस्ताक्षर :—

Date

Designation \_\_\_\_\_

तारीख

पद नाम :—

---

Referral Institution

परामर्शदात्री संस्था

Advice, Treatment and Remarks :

सलाह, इलाज और टिप्पणियां :

Signature \_\_\_\_\_

हस्ताक्षर :—

Date

Designation \_\_\_\_\_

तारीख

पद नाम :—

P.T.O.

(कृपया उलटिए)

Other references

अन्य परामर्श

Date तिथि	Advice, treatment and remarks सलाह, इलाज और टिप्पणियां

# **ANTENATAL CARD**

Sub Centre/I.C.D.S. Centre  
Village No.  
Address

Date of Enrolment.  
Age

PHC :  
Card No.  
Name

## **PREVIOUS PREGNANCIES :**

No	Preg- nancy *	Delivery *	Peri- partum *	Result **	Place of delivery Home/ Hospital	By whom delivered	Use abbreviations *N Normal C = Complicated **L = Liveborn S = Stillborn A = Abortion Add (P) for premature	HISTORY OF PAST ILLNESS (S.B., V.D., Heart, Diabetes, Abdominal, Operation etc.)	LABORATORY TESTS :	TETANUS IMMUNISATION Date Whether put on Iron tablets YES,

## **PRESENT PREGNANCY : First day of last menstruation :**

General Nutrition :

Anaemia :

Tongue :

Teeth :

Pyorrhoea :

Breasts :

Varicose Veins :

Bowels :

Heart :

Lungs :

Liver :

Spleen :

Vomiting :

Oedema :

Vaginal discharge :

Bleeding :

Institutional delivery recommended :

Reason for recommendation :

P.T.O.



# Obstetric Examinations

Date	C*/H	Height	Weight	Urine	Hb.	B.P.	Week of gestation	Fundal Height	Presentation	Engaged-Free	Foetal movements	Oedema

\* C = Clinic H = Home

Progress notes : Progress, Complications, advice, drugs & diet supplement-treatment etc. given :      Signature  
Date :

END OF PREGNANCY : Full Term ☐ Premature ☐ Abortion ☐ Delivery by PHC ☐ Subcentre ☐  
Hospital ☐ Dai ☐ Others (specify)

Mother : Alive ☐ Died during labour ☐ Child : Alive ☐ Still born ☐ Died immediately after birth ☐  
POST NATAL EXAMINATION : (6 weeks after delivery) : Breasts, abdomen, perineum, pelvic organs, lactation, general health of mother and child.

Family Planning adopted : Nirodh ☐ Diaphragm ☐ IUD ☐ Sterilisation ☐ Others ☐ (Mark the appropriate box.)

Card closed : Date :

Signature

## CHILD CARD

PHC

Child Card No:

Name :

Male/Female :

Date of birth :

Birth order :

Birth attendant :

Birth weight :

Date of enrolment :

Address :

Subcentre/ICDS Centre :

Mother's Card No. :

Religion :

Number of brothers :

Number of sisters :

Name of father :

Occupation :

Name of mother :

Occupation :

Milestones	Yes*	Age	Diseases	Yes†	Age	Immunisation@Dt.Dt.Dt.
Holds head up	<input type="checkbox"/>		Measees	<input type="checkbox"/>		Smallpox
Sits	<input type="checkbox"/>		Chicken Pox	<input type="checkbox"/>		Examng.
Crawls	<input type="checkbox"/>		Small Pox	<input type="checkbox"/>		of scar
Teething	<input type="checkbox"/>		Diphtheria	<input type="checkbox"/>		Revaccination
Stands without support	<input type="checkbox"/>		Whooping Cough	<input type="checkbox"/>		B.C.G.
Walks without support	<input type="checkbox"/>		Typhoid fever	<input type="checkbox"/>		Examng.
Speaks Syllables	<input type="checkbox"/>		Keratomalacia	<input type="checkbox"/>		of scar
Feeding :	<input type="checkbox"/>		Marasmas	<input type="checkbox"/>		D.P.T.
Fed on breast milk	<input type="checkbox"/>		Kwashiorkor	<input type="checkbox"/>		(Triple)
Supplement introduced	<input type="checkbox"/>					D.T.
Milk	<input type="checkbox"/>					T.A.B.
Pulses/Cereals	<input type="checkbox"/>					Poliomyelitis
Fruits/Vegetables	<input type="checkbox"/>					Others (specify)
Breastfeed stopped	<input type="checkbox"/>					
Eats family food	<input type="checkbox"/>					

Laboratory examinations-Dates & results

### Family Planning Status of Parents

\* Mark in the box if the milestone is observed and give the age in months.

† Mark in the box if the child suffered from the disease and give the age at which it suffered.

@ Enter the date on which the inoculations were given and dates of examining the scars.

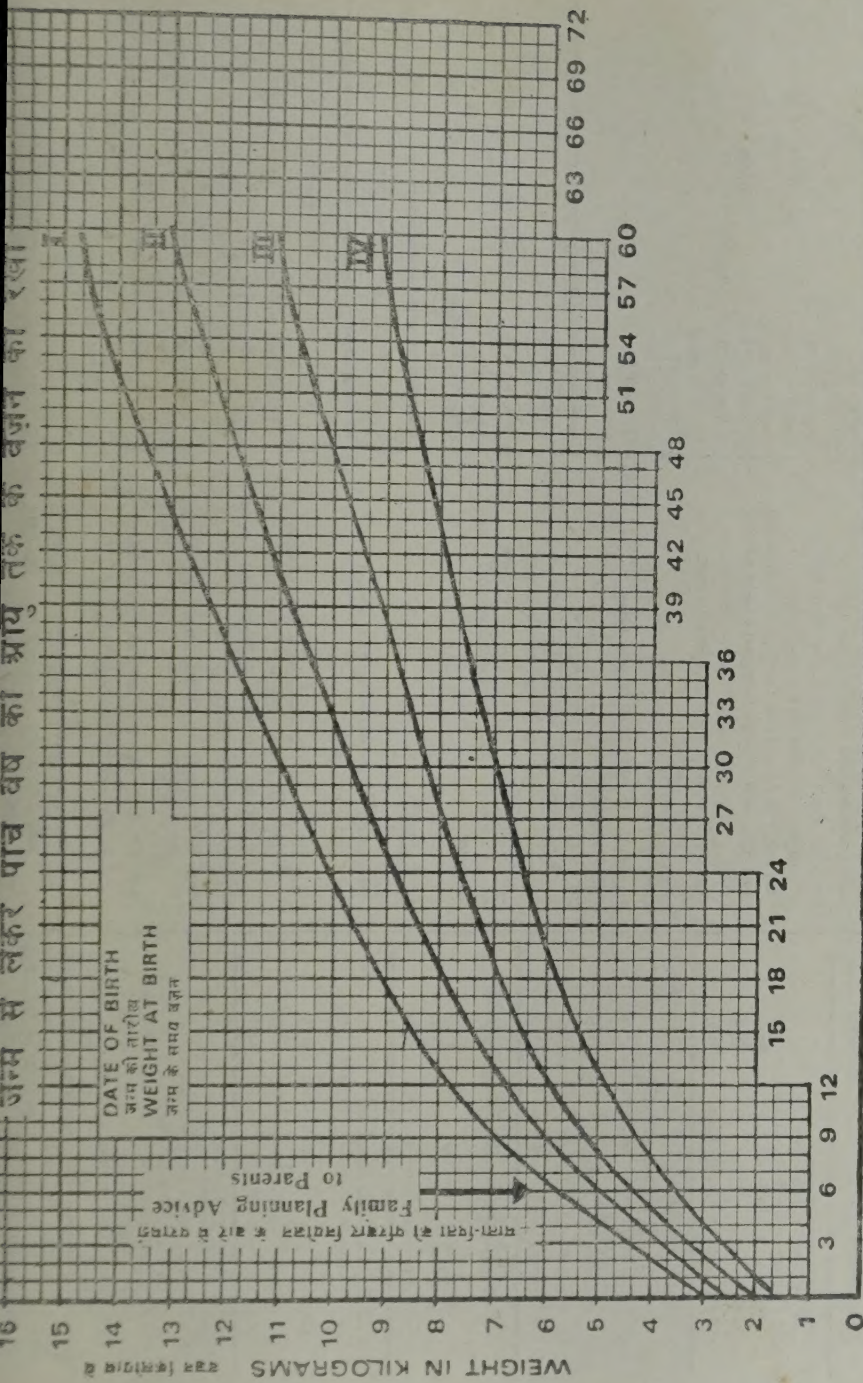
& Mention if the parents are practicing F.P. If so, the method. If not the action taken.

This card should be maintained from birth to five years of age.

Remember to examine the following	Date	* C/H	Height in CMs	Weight in KGs	Findings - diagnosis-advice & treatment
Fontenelle					
Eyes					
Ears					
Nose					
Throat					
Mouth					
Teeth					
Feeding					
Bowels					
Nutrition					
Skin					
Muscles					
Glands					
Genitals					
Walk					
Speech					
Cleanliness					
Illness					
F.P. Status of parents					

\* C = Centre

H = Home



AGE IN MONTHS

Note : I Write the month & year of birth of the child at the beginning of the horizontal line. Calculate the age of child at the time of weighing counting from month of birth. Make a cross where the columns for the age and the weight meet. Join the crosses to draw the weights curve.

Note : II Weight of average well-fed healthy children should be above the uppermost line I. Children whose weights fall between lines I & II are slightly under-nourished and require health and nutrition education of the mother and supplementary feeding at home. Children whose weights fall between lines II & III are under-nourished and require supplementary feeding at the Anganwadi. Children whose weights fall below line III are severely malnourished. Consult doctor and follow his advice. Children whose weights fall below line IV are severely malnourished.



## IMMUNISATION SCHEDULE

### 1. SMALL-POX

- (1) Primary : at birth or as soon after as possible :  
Date\*  
(2) Examination of Scar :  
Date  
(3) Revaccination at one year and every three years thereafter :  
Date

### 2. TUBERCULOSIS (B.C.G.)

- (1) Primary : at birth or as soon after as possible :  
Date  
(2) Examination of Scar :  
Date  
(3) Revaccination (5-6 years)  
Date

### 3. [DIPHTHERIA-WHOOPING COUGH-TETANUS] (Triple Vaccination)

- (1) Primary ( from 4 months to 9 months)—two Doses at interval of 8-12 weeks :  
Date  
(2) Booster : 1-1/2-2 years :  
Date  
(3) Booster (D.T.) 5 years :  
Date

### 4. POLIOMYELITIS (Oral trivalent vaccine)

- (1) Primary : from 4th month : three doses by mouth at 4-6 weeks interval  
Date  
(2) Booster : One dose at 4 yrs.  
Date

### 5. TYPHOID-PARATYPHOID

- (1) Two doses at 7-10 days interval (Between 1 to 1 1/2 years)  
Date  
(2) Booster : Two doses at 7-10 days interval (5-6 years)  
Date

### 6. DIPHTHERIA TETANUS

- (1) Primary : when triple vaccine not given during infancy Two injections at 8-12 weeks interval :  
Date  
(2) Booster: One injection at 5 years  
Date

\* The doctor/nurse will record the date of giving the injection and tell you when to bring the child for the next one.

## GUIDE TO NUTRITION

### BIRTH TO ONE YEAR : Breast Feed.

Breast milk is not enough for the baby after six months. He needs additional nourishment. Continue breast feeding as long as possible and introduce the following solids gradually.

### FOURTH MONTH

Introduce fresh cow, buffalo, goat or tinned powder milk if breast milk is insufficient. rice, suji, ragi (dhalia) etc, well-cooked to a soft consistency and sweetened; vegetables like potato, carrot, cooked and mashed; mashed ripe banana sweetened, orange/sweet lime/tomato juice

### SIXTH MONTH

In addition to solid food already given introduce the following :  
bread, biscuits dals like bengal gram, lentil red gram, well-cooked; fish-boiled; meat-well-cooked and tender; eggs-half-boiled; curd, butter-milk, channa (casein), vegetables like cauliflower, cabbage, cucumber, etc.; all fruits.

### ONE YEAR

(i) Child can share the family food hot and spiced foods.

(ii) Do not wait for the baby to cut his teeth to give solid foods. He will digest well cooked vegetables, rice suji, etc., even if he has no teeth to chew them.

(iii) Wash your hands before preparing food, cooking or feeding.

(iv) All food for the baby should be freshly prepared, no left-over be given.

(v) All utensils like cups, spoons bottles etc. should be washed in boiled water and kept covered.

## M. C. H. CARD II

### Child's Card

(To be kept with the mother)

PHC/S. C./I.C.D.S. Centre

Registration No

Village No.

Name :

Male/Female

Date of birth :

Order of birth :

Date first seen :

No. of brothers :

Sisters :

Vegetarian/Non-Vegetarian

Mother's name :

Occupation :

Father's Name :

Occupation :

Address :

Medical notes :

Blood Group :

Allergies :

Other information :

### Family Planning status of parents

(i) Has your child been weighed regularly?

(ii) Weight will be marked on this card.

(iii) Bring your child to the centre every month till his second birthday, then every three months till his fifth birthday, and any time he does not appear well.

(iv) Protect your child from diseases by giving him immunisations shown on this card. These services are given without payment.

**COMMUNITY HEALTH CELL**

**326, V Main, I Block**

**Koramangala**

**Bangalore-560034**

**India**



